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Elderly in Prison: A Programming Protocol

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Elderly in Prison: A Programming Protocol

by

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A Scholarly Project

Submitted to the Occupational Therapy Department

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for the degree of

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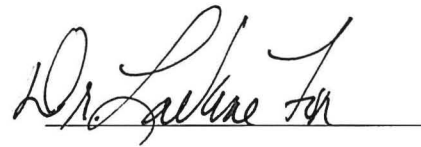
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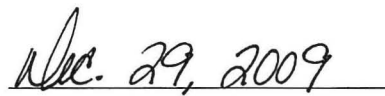


Approval Page

This Scholarly Project Paper, submitted by Chelsey Hunt and Sarah Janke in partial fulfillment of the requirement for the Degree of Master's of Occupational Therapy from the University of North Dakota, has been read by the Faculty Advisor under whom the work has been done and is hereby approved.

A handwritten signature in cursive script, appearing to read "Dr. L. Janke", written over a horizontal line.

Faculty Advisor

A handwritten date "Dec. 29, 2009" written in cursive script over a horizontal line.

Date

PERMISSION

Title: Elderly in Prison: A Programming Protocol

Department: Occupational Therapy

Degree: Master's of Occupational Therapy

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ABSTRACT

The current U.S. correctional system is structured for the young, well, able-bodied prisoner and does not take into consideration the extensive needs of elderly inmates. The number of elderly inmate has been steadily increasing and is going to continue to rise with the increase of age expectancy of the average American and changes in sentencing policies that increase the length of stay in prisons (Potter, Cashin, Chenoweth, Jeon, 2007; The Sentencing Project, 2005). Currently elderly inmates make up 12% of the federal prison population (Mauer, King, Young, 2004, p. 24).

An extensive literature review was conducted to determine the current prison culture, the health status of the elderly inmate, utilization of service, financial cost, best practices within the current prison system and the potential role of the occupational therapist (OT). Professional journals and publications were searched as well as current criminal justice systems websites and the census bureau to identify statistical data. The literature review results indicated that the current prison culture is not suited for the elderly inmate.

Elderly inmates have extensive physical and mental health problems that are exacerbated by the current prison culture. The diminishing health status of the elderly inmate is affected by cognitive and psychosocial factors, environmental factors, and physical factors within the prison system. Exacerbating the inmates diminishing health may result in an increase in dependence which the personnel are not prepared or trained for.

The diminishing health of the elderly and lack of therapeutic environment within the prison system adds to the high cost of housing elderly inmates. The average cost of maintaining

an elderly inmate ranges from \$65,000 to \$69,000 per year, as compared to \$22, 650 per year for a younger inmate, (Mauer, King, Young, 2004, p. 25; Gaydon & Miller, 2007, p. 687).

Currently prison systems in the US do recognize the problems associated with the elderly in prison. To try to begin meeting the needs of the elderly prisoners, some prisons have begun developing and implementing various solutions such as: 1) separate geriatric units, 2) specific programming for elderly, 3) better medical care and attention to needs of prisoners, and 4) early release back into the community (compassionate release).

Another proposed solution to the problem is the development and proposed implementation of *Elderly in Prison: A Programming Protocol*. This protocol is designed for use by occupational therapists and the criminal justice system. The *Ecological Model of Occupation* forms the theoretical base in the development of the protocol. The protocol presents both evaluations and interventions developed specifically for elderly inmates. It is proposed that this protocol will serve as a guide for use by an OT when working with the elderly in the prison system. It will also serve as an educational resource to teach personnel, in the criminal justice system, about effective programming.

CHAPTER I

Introduction

According to the United States Census Bureau, it is predicted that the population of people ages 65 and older will double in the next 25 years, meaning one out of five Americans will be over the age of 65. (United States Census Bureau, 2006). It is expected that the United States prison population will follow this trend (Harrison, 2006). "In the last twenty years, the number of older prisoners has increased by 750 percent nationwide. Unfortunately, the prisons system's ability to deal with an increasingly geriatric population has not adapted at a similar rate" (Gubler, 2006, p. 1). Elderly inmates have numerous chronic diseases as well as a high incidence of developmental disabilities and mental illnesses. The current criminal justice system does not have adequate services and programming to deal with the health concerns and related needs of the elderly (Trovillion & Sansom, 1999; Crawley, 2005; Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007). In addition, the prison staff is not trained to deal with this high needs population (Crawley, 2005).

The extensive special needs of the elderly population greatly increase the cost for the prison systems (Williams, 2006). The average cost of maintaining an elderly inmate ranges from \$65,000 to \$69,000 per year, as compared to \$22, 650 per year for a younger inmate, (Mauer, King, Young, 2004, p. 25; Gaydon & Miller, 2007, p. 687) with the estimated annual national cost totaling \$2.5 billion (Mauer, King, Young, 2004, p. 25). In order to decrease these costs and increase the health status of elderly inmates, the prison systems need to make changes to specific

programming, day-to-day activities, environmental modifications and training of correctional employees.

To address the unique needs of the elderly inmates in prison, a program protocol was developed following the *Ecological Model of Occupation*. The use of this protocol is two-fold: 1) to present a clear programming approach that more effectively meets the unmet needs of the elderly inmate and; 2) to use the protocol as a method to increase the awareness and inform personnel, in the correctional system and other occupational therapists, on the potential role OT can have in maximizing and/or maintaining the physical and psychological wellbeing of this population. The main premise of the *Ecological Model of Occupation* is to extend the possible options for people to participate in activities. It is based on the relationship between four core constructs (person, task, context, and performance) and utilizes five intervention strategies (establish/restore, alter, adapt/modify, prevent, and create) to support the performance needs of the inmates (Dunn, Brown, & Youngstrom, 2003).

The ultimate goal of this product is to enhance the quality of life for the elderly inmates and to decrease the cost of caring for this high needs population. The program protocol was designed with the needs of the elderly inmates in mind for use in the correctional system. The protocol will outline prison programming that better meets the needs of the elderly and environmental modifications that enhances their daily participation.

Key Terms/Concepts

Elderly inmate: Defined as an incarcerated person aged 50 years and older (Harrison, 2006; Potter, Cashing, Chenoweth, & Jeon, 2007).

Correctional staff: The individuals involved in the treatment and rehabilitation of offenders in the prison setting. This can include but is not limited to prison officials, healthcare staff,

maintenance workers, dietary staff, etc. (Federal Bureau of Prisons, 2009; Minnesota Department of Correction, 2009).

Prison officials/officers: The uniformed officers providing security and structure to the prison environment (Federal Bureau of Prisons, 2009).

Medical personnel: The medical staff working in the correctional facility including the physicians, nurses, therapists, psychologists, etc. (Federal Bureau of Prisons, 2009).

Vulnerability: open or capable of being physically or emotionally harmed by others (Merriam-Webster, 2009)

Victimization: The act of being injured, destroyed, or sacrificed by another in the prison system (Merriam-Webster, 2009)

Non-disruptive population: Those individuals who no longer pose a threat to other individuals and who do not interrupt the normal course of daily activities. (Kuhlmann & Ruddel, 2005; Loeb, Steffensmier, and Myco, 2007).

Activities of daily living (ADLs): Basic activities completed daily including eating, dressing, grooming, walking, toilet hygiene, etc. (AOTA, 2008).

Prison activities of daily living (PADLs): A set of activities required on a daily basis specific to the prison system. These activities include: 1) dropping to the floor for alarms, 2) standing for head count, 3) hearing orders from staff, 4) climbing on and off the top bunk, 5) getting to and from the dining hall for meals and, 6) climbing one flight of stairs (if applicable) (Williams, Lindquist, Sudore, Strupp, Willmott & Walter, 2006; Resch & Rhodes, 2008).

Compassionate release: Early release back into the community for qualifying inmates (Gaydon & Miller, 2007).

Geriatric Units: Separate geriatric units involve a whole unit for only elderly inmates that is devoted to the care of the elderly population. Segregated geriatric units involve isolating the physically or mentally ill elderly inmates from the rest of the population. Both types of geriatric units provide higher levels of medical care with lower levels of prison security (Gaydon & Miller, 2007; Williams, 2006).

Correctional programming: The programs offered to the prisoners in order to build skills or occupy time (Trovillion & Sansom, 1999).

Chronic diseases: This encompasses a wide variety of diseases that are characterized by a long duration or frequent reoccurrences (Merriam-Webster, 2009)

Developmentally delayed: A significant delay in physical, cognitive, behavioral, emotional, or social development in comparison to the norms (WebMD, 2009).

Mentally ill/Psychotic disorders: Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning (National Alliance on Mental Illness, 2009)

Recidivism: Prisoners who relapse into a previous mode of behavior resulting in repeated incarceration (Merriam-Webster, 2009)

Occupational therapy: A medical profession “supporting health and participation in life through engagement in occupation” (AOTA, 2008, p. 626). In addition, occupational therapy “facilitate[s] skill development in order to help patients function at their maximum potential within their current institutional environment” (Snively & Dressler, 2005, p. 569).

Environmental Factors: Factors within the physical environment that promote or inhibit performance in daily tasks. This includes but is not limited to the lighting, size of

doorways, length of hallways, type of walking surfaces, presence of stairs, etc. (Loeb, Steffensmier, and Myco, 2007; Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007; Williams, et al., 2006).

Environmental Constraints: Factors within the environment that limit the participation in daily activities (Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007; Williams, et al., 2006).

Cognitive/Psychological factors: A person's actions, thoughts or behaviors used to plan and manage participation in a task (AOTA, 2008).

Physical factors: A person's physical capabilities that allow participation in tasks such as muscle strength, eye sight, coordination, balance, etc (Crawley, 2005; Potter, Cashin, Chenoweth & Jeon, 2007).

Normal aging process: The normal process experienced by all individuals as they grow older. This includes decreased hearing, poor eyesight, poor balance, forgetfulness and incontinence (Crawley, 2005).

Community-dwelling seniors: People over the age of 65 who live in the community; does not include seniors living in the prisons, nursing homes, or any other institution (Loeb, Steffensmeier, & Lawrence, 2008).

Theory: The Ecological Model of Occupation involves five therapeutic strategies consisting of establish/restore, alter, adapt/modify, prevent, and create.

1. **Establish/Restore:** The aim of establish/restore is on the person's skills and the context is considered to determine availability, supports and barriers, and feedback (Dunn, Brown, & Youngstrom, 2003).
2. **Alter:** The aim of alter is to change the context to match the abilities and skills of the person (Dunn, Brown, & Youngstrom, 2003).
3. **Adapt/Modify:** The aim of adapt/modify is to increase task performance by modifying the context and task features (Dunn, Brown, & Youngstrom, 2003).

4. **Prevent:** The aim of prevent is to change person, context, or task variables to decrease negative outcomes (Dunn, Brown, & Youngstrom, 2003).
5. **Create:** The aim of create is on maximizing the persons' performance range by creating supportive conditions (Dunn, Brown, & Youngstrom, 2003).

This theory also identifies four main construct: person, task, context, and performance.

1. **Person** includes the elderly inmates, correctional personnel, political leaders, and occupational therapists involved in the criminal justice system.
2. A **task** is the behaviors needed to accomplish a set goal. The person and context work together to determine the range of tasks a person is able to perform (Dunn, Brown, & Youngstrom, 2003).
3. Two **contexts** are included, 1) temporal context consisting of chronological age, developmental stage, life cycle, and health status and 2) the environmental context composed of physical, social, and cultural aspects (Dunn, Brown, & Youngstrom, 2003).
4. **Performance** is a person's engagement in everyday activities. The performance range is the number of tasks available to the person determined by the person, context, and task (Dunn, Brown, & Youngstrom, 2003).\

Hypertension: A medical condition consisting of abnormally high-blood pressure (WebMD, 2009)

Diabetes: A medical disorder affecting the body's metabolism and the way food is digested and utilized within the body (WebMD, 2009)

Co-morbid conditions: A person has more than one medical condition (WebMD, 2009).

Depression: Feelings of sadness and loneliness. This also consists of a psychiatric diagnosis consisting of a depressed mood, fatigue, impaired sleep habits, feelings of worthlessness, impaired concentration, thoughts of suicide or changes in weight (Web MD, 2009).

Detoxification Process: The process of getting rid of addictive substances from the body. The body goes through physical and emotional reactions through the course of this process (Federal Bureau of Prisons, 2009).

Routine health screenings: Health screenings that are completed on a regular or consistent basis to monitor health status i.e. once per year, every month, etc (Reviere & Young, 2004).

“Sameness principle” / “fairness”: The prison officials treating all inmates alike no matter age, race, sex, gender, illness, injury (Crawley, 2005).

Religion: This involves daily religious experience in the prison system, using religion as a positive coping skill, and having a feeling of connectedness through religious experiences (Allen, Phillips, Roff, Cavanaugh, & Day, 2008; Kerly & Copes, 2009).

Interdisciplinary team: A team involving two or more people from various professions. This can include but is not limited to occupational therapist, physical therapist, nurse, physician, speech-language pathologist, and psychologist (Merriam-Webster, 2009; Cianciolo & Zupan, 2004).

Gerontology: The study of aging and the problems of the elderly (Merriam-Webster, 2009)

Pardons: “A release from the legal penalties of an offense” or “an official warrant of remission of penalty” (Merriam-Webster, 2009)

Commutation of sentence: A change of penalty, punishment, or legal sentence (Merriam-Webster, 2009)

Parole Release: “A conditional release of a prisoner serving an indeterminate or unexpired sentence” (Merriam-Webster, 2009)

Halfway house: A house designed with a structured living environment in order to provide a slow process of reintegration into the community (Stojkovic, 2007)

Non-therapeutic prison environment: The prison environment does not provide opportunities for inmates to develop and build skills needed for a healthy lifestyle and successful participation in the community (Potter, Cashin, Chenoweth, & Jeon, 2007).

Occupation: Any activity used to occupy a person’s time (AOTA, 2008).

Reintegrate: When prisoners are released back into the community they must combine or mix with the community (Merriam-Webster, 2009; Snively & Dressler, 2005).

Pragmatic approach: A practical versus idealistic approach (Merriam-Webster, 2009)

Chapter II presents the results of a comprehensive literature review in addition to an overview of the product. Chapter III will present the methodology and the activities used to develop the product. The product in its entirety is available in Chapter IV. Finally, Chapter V is a summary of the project and includes recommendations and limitations of the product.

CHAPTER II

Literature Review

Introduction

“In the last twenty years, the number of older prisoners has increased by 750 percent nationwide. Unfortunately, the prisons system’s ability to deal with an increasingly geriatric population has not adapted at a similar rate” (Gubler, 2006, p. 1). Elderly inmates cost on average three times that of their younger cohorts (Harrison, 2006; Jones, Connelly, & Wagner, 2001). “Many elderly inmates have numerous chronic diseases requiring extensive care and treatment and a major component of this problem is the sheer number of mentally ill and developmentally delayed inmates in prison (Williams, 2006, p. 6).

Correctional programming is often designed for the younger inmates and does not address the needs (physical, psychological, cognitive and spiritual) of the older inmates (Trovillion & Sansom, 1999). Trovillion & Sansom (1999) recommend existing programs and activities be evaluated in regard to usefulness, appropriateness, or effectiveness with elderly inmates and alternative modified program considered to “encourage older inmates to maximize their levels of functioning ...and implemented to lessen the financial impact of elderly inmates on the Corrections system” (p.4). “Specialized training ...is needed to better understand: (a) the aging process and its associated high levels of stress in an institutional environment and; (b) the existence and impact of reduced levels of functioning in elder inmates (Trovillion & Sansom, 1999, p.5).

Occupational Therapy's basic premise is to maximize the independence of an individual in their level of functioning and participation in their daily activities. An occupational therapist's (OT's) training in the assessment, design and provision of effective interventions can be instrumental in meeting the unique needs of elderly inmates. OT's are trained in the evaluation and treatment in the areas of; cognitive, visual perceptual, physical, and psychological in relation to activities of daily living. They are trained in the adaptation and modification of an environment to ensure the safety and health of an individual. This process takes into consideration the individuals psychological, cognitive, physical and environmental factors and developing programming and intervention that more effectively meets their unique needs. Occupational Therapy can be an important member of the correctional medical team who is currently serving this population. Unfortunately, often both occupational therapists and members of the correctional medical team are not always aware or clear on the role of OT's in the provision of treatment intervention specific to the elderly inmate unique needs.

A review of literature was conducted to clearly identify the:

1. Prison Culture
2. Health Status
3. Utilization of Services
4. Financial Costs
5. Best Evidence Based Practices and
6. Role of the Occupational Therapist (OT)

The review of literature will culminate into a program protocol that will address the unique needs of elderly inmates in prison. The use of this protocol is two-fold: 1) to present a clear programming approach that more effectively meets the unmet needs of the elderly inmate and; 2) to use the protocol as a method to increase the awareness and inform personnel, in the correctional system and other occupational therapists, on the potential role OT can have in maximizing and/or maintaining the physical and psychological wellbeing of this population.

Prison Culture

It is difficult to identify what constitutes an “elderly inmate” as “there is no scientifically determined age upon which elderly status is conferred upon inmates” (Stojkovic, 2007, p. 100). The definition of an elderly inmate is typically when the onset of diseases requiring attention begins (Stojkovic, 2007). For the purposes of this project, elderly inmates will be identified as those inmates who are 50 years old or older.

The number of elderly prisoners is increasing each year with an 85% increase in the number of elderly prisoners since 1995 (Sentencing Project, 2005). Elderly prisoners now encompass approximately 12% of the federal prison population (Mauer, King, Young, 2004, p. 24). There are two factors that are thought to increase this number; 1) the greater life expectancy of the average American and 2) new sentencing policies of the criminal justice system that increase length of sentence (Potter, Cashin, Chenoweth, Jeon, 2007; The Sentencing Project, 2005). Mauer, King and Young (2004, p. 3) stated that the increase in the elderly prison population was due to: a) harsher punishments; b) unfair punishments, and; c) an increase in life sentences. One in every eleven prisoners is serving a life sentence and one out of every four prisoners serving a life sentence is serving it without parole. The following will produce a picture of the elderly inmates and the prison environment in which they reside.

Demographics

There are three types of elderly inmates in the prison system, 1) first-time offenders, 2) aging recidivists, and 3) those serving long-term sentences and aged while incarcerated (Stojkovic, 2007; Williams, 2006). The number of first-time offenders, among the elderly, is rising; currently, about 45 percent of elderly inmates are first time offenders (Williams, 2006, p. 6).

The Bureau of Justice Statistics (2008, p. 19) estimates that there are 1,427,300 males and 105,500 females sentenced to more than one year under state or federal jurisdiction in the U.S. as of December 31, 2007. Of that total, 148,000 (1.04%) males and 4100 (0.39%) females are age 50 or older. There are 135,200 male and 10,700 female prisoners ages 45-49 alone. This means 19.84% of the male prisoners and 14.03% of the female prisoners are over the age of 45 within the U.S. prison system (Bureau of Justice Statistics, 2008).

Kuhlmann and Ruddell (2005) conducted a survey of 418 county-operated jails in 44 states to investigate the prevalence of elderly in the local jails and the health problems they face. Of the 418 county-operated jails served, 134 jails from 39 states in all regions of the country responded; representing 32% of the jails (p. 54) The elderly inmates (age 60 or older) make up an average of 2.94% of all inmates in the jails; the range of the elderly inmate population was between zero and 25% demonstrating a wide range in various jails (p. 54). In the 134 jails, 70.5% of the elderly inmates were long-term offenders with previous experience in the justice system (p. 55).

As shown by the statistics, elderly inmates are a significant portion of the prison population. Whether an elderly person is in prison or in the community, they will experience declining health, due to older age. This decline in health status is a noteworthy factor that affects the type of services provided by prison systems, as well as the way prison systems structure the inmates day-to-day activities.

Health Status

The health status of inmates is a significant factor that the prison officials need to take into consideration in order to more effectively and efficiently distribute services. Elderly inmates are one population within the prison system that requires the greatest amount of health related

services. Factors affecting the health of inmates will be explored in more depth, including cognitive and psychological, environmental and physical factors (Williams, 2006).

Cognitive and Psychological Factors

The mentally ill and developmentally disabled encompass large numbers within the prison population, which then contribute to the high cost of healthcare among elderly inmates due to chronic health conditions. “Currently, there are more mentally ill individuals in correctional facilities than in mental hospitals and institutions throughout the United States, amounting to more than 200,000 inmates with severe mental illnesses being housed in state prisons or jails” (Williams, 2006, pg. 6). In addition to entering prison with a mental illness, inmates commonly develop anxiety and depression due to the stress of entering prison and prison life in general (Williams, 2006).

Mental illness is exacerbated by new elderly prisoners’ fears, identity loss, and loneliness (Reviere & Young, 2004). Mental illness is also exacerbated by the inmates’ perception and experiences in prison. The extreme sense of loss experienced by a person in prison is detrimental to their mental health status. When a person enters prison, they experience a loss of years of life, a loss of autonomy, loss of contact with others outside of prison, loss of material possessions and a loss of control. Together these losses may add to a sense of grief within elderly inmates. The prison culture does not facilitate healthy coping to deal with these feelings. Prisoners often isolate and do not share their concerns. Grief, if not dealt with, can add to an increase of “acting out” behaviors (Hendry, 2008).

Mentally ill inmates experience prison life differently than inmates with no psychiatric disorders. They have poor insight and tend to blame outside forces for events in their lives. When describing their prison experience, mental ill inmates express hostility, suffering, and exhibit a

loss of reality including delusions and hallucinations (Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2009). Prison officials perceive mentally ill inmates to be the most disruptive due to their participation in illegal and dangerous behaviors (Kuhlmann & Ruddell, 2005). These are a few of the factors that increase the vulnerability of the elderly inmates behind bars.

The elderly have limited ability to defend themselves, due to their declining health, and the younger prisoners may see elderly inmates as easy targets (Williams, 2006; Stojkovic, 2007). Elderly inmates are a non-disruptive population in the prison system. They tend not to engage in illegal behaviors behind bars (Kuhlmann & Ruddel, 2005) and are less likely to report any abuse suffered (Loeb, Steffensmier, and Myco, 2007).

Elderly inmates are at a high risk for self-harm and suicide, when compared to other population groups in prison (Kuhlmann & Ruddel, 2005). Inmates' thoughts about the outside world, including their families, lost opportunities, and other relationships, increased their feeling of anxiety and depression. These feelings were more closely related to anxiety than depression. Another factor adding to the increase of depression and suicidal thoughts is the prisoner's awareness of his/her crime and punishment. This is said to be due to a wide range of emotions and impulses felt by the inmate (Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2009). The increased suicide risk for the elderly may be due to the amount of abuse or victimization that happens in prison (Kuhlmann & Ruddel, 2005).

Victimization is a common occurrence within the prison system, especially toward first-time offenders. Elderly inmates are often a victim of prison violence by younger inmates due to their frail state. Mental illness is an additional factor that may increase an inmate's susceptibility to becoming the victim of prison violence (Kuhlmann & Ruddell, 2005). Due to the violence and abuse experience by older inmates from younger inmates, the older inmates

may experience a loss of self-esteem; a decrease sense of self, that increases their vulnerable state (Williams, 2006; Stojkovic, 2007). An inmate's fear of violence may also lead to isolation from the rest of the prison population. By doing this, the inmates' escape the dangers of prison life and obtains a sense of peace (Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2009). Isolating the elderly inmates can only protect them to a certain extent as the environment can also be a negative contributing factor in their health status.

Environmental Factors

Environmental conditions were found to be a factor that may also contribute to the vulnerability and thus the victimization of the elderly prisoners (Loeb, Steffensmier, and Myco, 2007). In the majority of prisons, elderly inmates are housed alongside of younger inmates; there is no separation of the differing prison populations leading to increase interaction between younger and older prisoners and thus an increase risk of victimization (Williams, 2006). Increased rates of victimization are not the only thing that may be caused by the prison environment.

The physical environment of the prison system is not adequate for an elderly person's diminishing physical health status. The prison environment requires the elderly inmates to function at higher physical levels than the elderly living in the community in order to complete daily tasks. In addition to the traditional activities of daily living (ADLs), such as eating, dressing, walking, grooming, bathing/showering, and toileting, life in the prison system introduces a new set of activities required on a daily basis. These activities are termed "prison activities of daily living" or PADLs and include: 1) dropping to the floor for alarms, 2) standing for head count, 3) hearing orders from staff, 4) climbing on and off the top bunk, 5) getting to

and from the dining hall for meals and, 6) climbing one flight of stairs (if applicable) (Williams, Lindquist, Sudore, Strupp, Willmott & Walter, 2006; Resch & Rhodes, 2008).

The prison system is designed for able bodied younger prisoners and cannot support such things as an older person's inability to climb up to the top bunk, walk up and down stairs without rails, walk long distances to dining or activity areas, or take a shower without handrails for added balance and support (Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007; Williams, et al., 2006).

Elderly prisoners are (a) not being allowed sufficient time to complete activities or to get to and from specific locations; (b) being expected to watch a communal television in the corridor while sitting on hard, unupholstered chairs...; (c) being denied additional clothing or bedding in cold weather; (d) having to queue for long periods... to obtain their medication; (e) having to climb stairs while carrying food trays; (f) having to shower in slippery, tiled cubicles that were not equipped with grab-rails or anti-slip mats; and (g) feeling abandoned and simply dumped because they had so little access to wing staff. (Crawley, 2005, pg. 356)

The physical restraints of the prison system may cause elderly prisoners to refrain from attending or participating in scheduled activities or work activities. An example is prison officials locking the doors to an activity by a certain time, without considering the extended time it takes for an elderly prisoner to walk the distance. This may discourage the elderly prisoner from even trying to make it before the doors lock. Another example is holding an activity in an area in which a bathroom facility is not close. This may also discourage an elderly person's participation in an activity due to their fear of incontinence (Crawley, 2005).

The low participation level of the elderly inmates in activities adds to their sedentary behavior and thus may add to declining health. An active lifestyle is one way to help encourage an elderly person to complete day to day tasks as well as keep them physically healthy.

Physical Factors

An elderly prisoner experiences the typical aging process just the same as their community counterparts. They often have difficulty hearing, poor eyesight and poor balance. Forgetfulness and incontinence were found to be examples of inconveniences and reasons why prison officials disliked working with the elderly prisoners (Crawley, 2005). In addition to the normal aging processes of elderly Americans, elderly inmates often display poorer physical and mental health (Potter, Cashin, Chenoweth & Jeon, 2007). In general, the overall health of incarcerated men & women, when compared to the general public, was much worse.

Reviere & Young (2004) found that older women in the criminal justice system usually enter prison with a multitude of health problems, affecting both their physical and mental health. Physical health problems were often associated with poor habits before entering the prison system. The study also found that women display a decline in health due to their susceptibility to chronic health conditions such as hypertension, heart disease, diabetes, cancer, and asthma. Another study by Williams, et al. (2006) found that older women inmates with impairments in ADLs or PADLs experience poor self-rated health, mobility impairment, and a higher burden of co-morbid conditions. The women were also more likely to report adverse experiences such as falling, depression, feeling unsafe, and physical violence due to ADL or PADL impairments. Crawley (2005) found that elderly men also have higher incidences of declining health as well. Respiratory problems, heart problems, diabetes, depression, poor circulation, hypertension, arthritis, bladder problems, dementia, and Parkinson's were all common problems associated with elderly men in prison.

Inmates entering prison have a high rate of substance and alcohol abuse, also affecting both their mental and physical health (Reviere & Young, 2004). All inmates who enter prison,

with an addiction to illegal substances or alcohol, go through a detoxification process. The physical health problems of the elderly make this detoxification process more complicated and the process may also decline their already poor health. The complications in the process include but are not limited to the following: 1) elderly inmates are not as likely to show marked sympathetic hyperactivity during the withdrawal process but do experience severe withdrawal syndrome; 2) elderly inmates display more complicating medical conditions, such as cardiovascular problems and cognitive disorders, leading to an increased need for prescription drugs, which adds to the increased risk of drug-drug interaction; and 3) elderly inmates have a slower drug metabolism, which adds to increased drug toxicity (Federal Bureau of Prisons, 2009). Together these factors may add to the declining health status of an elderly inmate in prison.

Loeb, Steffensmeier, and Myco (2007) interviewed elderly inmates to obtain the inmates' opinion of the prison system. A large percentage of elderly inmates reported worsening health since being incarcerated. The reasoning for this decrease in health varied. One inmate stated, "[I'm] not in as good of shape due to few health-oriented exercise programs for older offenders" (pg. 322). Prison programming may not be able to give the elderly prisoners special diets or exercise programs needed to maintain their health (Gaydon & Miller, 2007).

In contrast to worsening health, some inmates interviewed by Loeb, Steffensmeier, and Myco (2007) reported health improvements. The programs the inmates found to improve their health included programs that promote weight management, a healthy diet, active lifestyles, increased awareness of medications, and education about the normal aging process. The main health improvements included a decrease in poor habits, such as drinking and drugs, and an increased awareness of health in general. One inmate reported, "When I was in the streets I

wasn't as conscious as I am now about my health behaviors. I know a lot more about what to do and what not to do now than I did when I was out on the streets. Also, I don't have to deal with so many stressful things now, like a job" (Loeb, Steffensmier, & Myco, 2007, pg. 322). Another inmate stated, "My diabetes is under better control, and I learned more about my high blood pressure so that I can keep it at a good level" (Loeb, Steffensmier, & Myco, 2007, pg. 322). The elderly inmates clearly have health problems that require specialized service and most prisons do have medical service; the question is then, are the elderly using the services provided?

Utilization of Services

Exacerbating the poor health status of elderly inmates is the fact that, once in prison, elderly inmates often do not utilize the prison health services available to them (Potter, Cashin, Chenoweth & Jeon, 2007). The lack of service utilization may be due to the elderly inmates' lack of knowledge of the services available to them (Loeb, Staffensmeier, & Myco, 2007; Loeb, Steffensmeier, & Lawrence, 2009). There is also the elderly prisoners' perception that prison authorities are unresponsive to their needs (Loeb, Staffensmeier, & Myco, 2007).

To assess the needs of the inmates, physical examinations are completed as well as a review of the medical charts. Routine health screenings ask about the presence of common health problems such as cardiovascular disease, arthritis, asthma, diabetes, hypertension, etc. General mental health screenings are also done in many prisons. During these screenings, the inmates are asked routine questions such as thoughts of suicide or harming others.

Healthcare is available in all prison systems, as it is a requirement. The extent to which the medical personnel are available differs. Medical personnel, including doctors, nurses, psychologists, and psychiatrists, may not be on staff at all times. This increases difficulty accessing medical care when needed (Reviere & Young, 2004). Treatment typically included

medications. Prisoners receive all medications they are prescribed, however, it has been found that not all inmates are prescribed the medications needed (Fazel, Hope, O'Donnel, & Jacoby, 2004).

It is the prison officials' perception that they apply a certain amount of "fairness" when working with the diverse prison population. They practice what is called the "sameness principle" however this is not followed rigidly and there is more flexibility than one may think. They are not willing to cater to any one population and are not willing to put forth extra effort to help a population with greater needs, such as the elderly population. Crawley (2005) found that, "the more needy, more dependent, and more compliant the prisoner group in question, the easier it becomes for prison staff to find recourse within the sameness principle for conferring or denying benefits and burdens arbitrarily" (p. 356). In other words, prison staff either grant or deny benefits and burdens unreasonably to prisoners that are less able to stand up for themselves. The younger prisoners are found to be more vocal and more physically capable of taking a stand against the prison guards. Due to this the prison officials are more likely to pay more attention to this prison population. The elderly prisoners and their needs get pushed aside because of their quiet demeanor (Crawley, 2005).

One officer was interviewed about the needs of the elderly and how much work he was willing to do, to make sure the elderly prisoners are cared for. His response was:

"Well, we are in no way nurses and we are in no way carers [*sic*]. We have a duty of care but we are not... I meant there's no way I'm going to do stuff like washing prisoners. We make sure there's clean sheets available, things like that, but if they need, say, nappies for incontinence things, that's healthcare. We try to keep a nice dividing line..." (Crawley, 2005, pg. 355).

When considering the health status problems and needs of the elderly inmates presented throughout, it can be concluded that in order to meet these extensive needs, finances may be one

factor to consider. Healthcare is one factor within the prison system that adds to the high cost of housing elderly inmates.

Financial Cost

Prisoners sentenced to life in prison serve their sentence in maximum security prisons, which are the most expensive to run. The probability of a prisoner attaining elderly status while serving a life sentence is high. The increase in the number of life sentences equals an increase in the cost of an inmate in the prison system. The average cost of maintaining an elderly inmate ranges from \$65,000 to \$69,000 per year (Mauer, King, Young, 2004), as compared to \$22, 650 per year for a younger inmate, (Gaydon & Miller, 2007, p. 687) with the estimated annual national cost totaling \$2.5 billion (Mauer, King, Young, 2004, p. 25).

The high cost of maintaining an elderly inmate in the prison system is due to numerous factors that stem from the health needs of the elderly. Elderly inmates have numerous health problems that affect the way they handle prison life, including chronic health problems, such as hypertension, heart disease, diabetes, cancer, and asthma. In addition to these varying physical health problems, elderly inmates also experience many chronic mental health problems. The healthcare required to provide for this high needs population raises the cost of housing an elderly inmate (Williams, 2006).

The prison officials in Louisiana further evaluated the cost of housing an elderly inmate due to their rise in the elderly inmate population in 2003. Elderly inmates cost the prison system up to \$70,000 per year each, which is double the cost of a younger inmate. The state concluded that the high cost of housing an elderly inmate is exacerbated by the long-term care that is needed. For example, in Louisiana they interviewed a seventy-five year old inmate with left side paralysis from a stroke he suffered years back. He had been in prison for 18 years and was

exchanged to a different prison, because the current prison requested his exchange for a younger more dangerous inmate (Global Action on Aging, 2003). Therefore, the prison knew he was not a risk due to his complicated health problems and their chosen option was to transfer him to another prison, a lower security prison. This may have decreased the cost on the maximum security prisons. However, this healthcare need did not disappear and healthcare costs in the prison system remain the same.

The Louisiana Department of Corrections sets aside about 11.6% of its budget or about \$34 million to the healthcare of inmates. This amount is needed to pay for the medical bills of inmates that do not qualify for Medicare or other federal program. The state expects these costs to go up due to the increasing elderly population. The cost of caring for an elderly inmate is lifelong, even as more inmates join this category, because in Louisiana the inmates will likely die in prison (Global Action on Aging, 2003).

Currently prisons take into consideration the basic health needs of the inmates, including the elderly. However, elderly inmates add to the prison system considerably due to their extensive health complications and prisons are currently not equipped to provide adequate care for the elderly. There is a lack of programming that fits the abilities of the elderly inmate population. Current typical programming such as healthcare and day-to-day activities, fall short when considering the extensive needs of the elderly inmates. Elderly inmates are less active and often unable to participate in the activities planned for younger inmates. When considering programming and environmental constraints, there is a non-therapeutic correctional environment that adds stress upon the elderly inmate and the prison system (Potter, Cashin, Chenoweth, & Jeon, 2007).

Current Best Practices

To try to begin meeting the needs of the elderly prisoners, some prisons have begun developing and implementing various solutions such as: 1) separate or segregated geriatric units, 2) specific programming for elderly, 3) better medical care and attention to needs of prisoners, and 4) early release back into the community (compassionate release). Some programs train correctional workers in the process of aging to allow them to implement chair aerobics, walking programs, or GED classes designed for the elderly learner. Several of these solutions will be presented in more detail within the following sections.

Geriatric Units

Separate geriatric facilities are currently uncommon among the state prison systems. Only 3-4 percent of state prison systems nationally have separate or segregated geriatric units (Thivierge-Rikard & Thompson, 2007). Of the few prisons that do have them, a nurse is on staff at all times and less security is needed because the prisoners on the units do not come into contact with the general prison population. The majority of the unit staff are trained in both healthcare and corrections, which decreases the number of staff needed therefore decreases cost. The units offer more visitation rights, arts and craft activities, exercise programs, and jobs that are designed around the abilities of the elderly (Gaydon & Miller, 2007).

Southern states have started implementing separate units for elderly inmates. Advantages of segregating elderly inmates include reducing costs to state corrections departments and reducing victimization and abuse of elderly inmates (Williams, 2006). Separate geriatric units can reduce the cost through the following methods.

1. Providing staff trained specifically in the distinct needs of elderly inmates can reduce or eliminate costs associated with off-site medical care. Currently, security personnel are required to accompany inmates to an off-site medical facility, which in turn decreases security staff available at the facility. The

facility provides hospice services for the terminally ill and a central location for specialized healthcare staff.

2. Modification of the environment to accommodate the elderly inmates, including installation of wheelchair ramps, railings, handicap bathroom stalls, etc., could also reduce the cost (Williams, 2006).

For this method to be cost effective, not every prison needs to have a specialized geriatric unit. There could be a few prisons with these specialized units where elderly inmates are transferred to. With this method, only a few prisons would need to provide specialized services and equipment for the elderly and the prisons, with the unit, would have higher populations of elderly inmates (Williams, 2006).

Another advantage of separate geriatric units is reducing victimization of elderly inmates by their younger counterparts. As previously mentioned, elderly inmates are vulnerable to abuse due to their diminished physical or mental status and decreased ability to defend themselves. The reduction in victimization is due to the decreased interaction between the younger and older inmates (Stojkovic, 2007; Williams, 2006). This decrease in victimization has a direct impact on decreasing some of the health related issues. Currently, facilities that do provide separate geriatric units are segregating the elderly inmates based on medical status versus age. Elderly prisoners who require specialized medical attention (physically or mentally) are separated while healthy elderly inmates remain within the general population, thereby increasing their risk of victimization and abuse by younger inmates (Williams, 2006). This method of segregating is not as effective as separating all elderly inmates to maintain their health and safety. Even with the implementation of separate geriatric units, programming designed to meet the needs of the elderly inmates should be considered.

Programming

Many negative emotions and behaviors surface for inmates when immersed into the prison context. If these emotions and behaviors are not coped with properly, feelings of anxiety, sadness, worry, anger, stress, depression, and bitterness can emerge (Kerley & Copes, 2009). Literature has revealed that having daily religious experience, positive religious coping, and a feeling of connectedness with a higher power have led to decreased rates of depression and increased feelings of control in inmates (Allen, Phillips, Roff, Cavanaugh, & Day, 2008; Kerley & Copes, 2009). Mississippi State Penitentiary offers three levels of religious programming to interested inmates as a method of coping with the negative emotions and behaviors associated with incarceration. The levels include 1) “formal religious services at the prison’s Spiritual Life Center;” 2) “informal prayer, discussion, and scriptural study groups” led by religious congregational members and; 3) “informal prayer, discussion, and scriptural study groups” led by the inmates themselves (Kerley & Copes, 2009, p. 230). Inmates who participate in one of these three programs report that establishing faith and building strong social supports through the program provides motivation to deal “with the pains of confinement” and helps to “create a new self-image” (Kerley & Copes, 2009, p. 240). Participating in a religious program does not take away the feelings of isolation, depression, anxiety, or anger but it does provide a positive method to cope and manage the harsh conditions of the prison context. In addition to participating in religious groups, activities, including work, study, or exercise, were found to increase the inmates’ positive experience with time and decrease feelings of depression (Yang, Kadouri, Revah-Levy, Mulvey, & Falissard, 2009).

The “*True Grit: An Innovative Program for Elderly Inmates*” program was developed to increase elderly inmates’ activity and promote better health by enhancing physical health, mental

health, spiritual health, and emotional needs (Harrison, 2006). The program consists of various activities provided daily and attendance is highly encouraged for each session, but not mandated. Program activities consist of wheelchair softball during warm months and wheelchair basketball during the winter; for individuals who prefer less vigorous physical activity there is a pedometer program where the men walk (or roll wheelchairs) around a set course. Some men make latch-hook rugs or other crafts that are donated to local senior citizens centers and then sold. This makes money for the center and allows prisoners to give back to the community. Other activities include performance of plays and promotion of creative writing (poetry, songs, journaling, etc). Each month the group celebrates birthdays, sobriety birthdays, or just surviving another year in prison. Therapy dogs also make a monthly visit to the inmates providing enjoyable stimulation and contact (Harrison, 2006).

The “*True Grit*” program has yielded positive results among the elderly inmate population. Elderly inmates demonstrate a decrease in infirmary visits, decreased hospital visits, a decrease in the amount of medications needed, increased general feelings of well-being, and a reduced fear of dying alone in prison (Harrison, 2006). One prisoner involved in the program states, “Before True Grit, I spent 23 hours a day in my rack [bed]. Now I am in the program, writing and performing songs (Harrison, 2006, p. 48).” “*True Grit*” offers “age-specific activities” to inmates that are similar to those provided for community-dwelling seniors at a senior citizen’s center (Harrison, 2006, p. 49). When the article by Harrison (2006) was published, quantitative data was still being collected on the impact of “*True Grit*.” Contact was made to the Nevada Department of Corrections, where this program is implemented, and to the psychologist implementing the program. At this time, no additional information was able to be obtained by the authors.

Programs are beginning to develop to increase inmates' physical and psychosocial well-being. In order to meet all the needs of the elderly, correctional staff needs to alter their approach and increase their knowledge in the unique needs of the elderly population.

Staff Training

The increase in the elderly prison population poses a challenge for correctional workers who typically deal with a younger population. A program entitled "*Issues in Aging for Correctional Workers*" was developed and implemented in four correctional facilities in the Upper Peninsula of Michigan. The program provided correctional personnel with education in relation to health and social needs of the elderly population in the prisons. All employees participated including uniformed staff, maintenance workers, food personnel, nurses, dentists, psychologists, and librarians (Cianciolo & Zupan, 2004).

This six-hour training program was developed for adult learners, and promoted involvement and application of the material learned. The participants left the program with tangible resources and references for future use. An interdisciplinary team approach for training was utilized. One trainer was a professor of criminal justice and the other trainer was an associate professor of social work and gerontology. The program consisted of five topic areas: 1) exploring perceptions of aging; 2) distinguishing between normal and abnormal aging; 3) identifying the most prevalent chronic conditions; 4) identifying laws applicable to treatment of older inmates and; 5) natural and community aging-related resources (Cianciolo & Zupan, 2004).

This program provided employees, at correctional facilities, with the most recent information on how to care for elderly prisoners; it incorporated a variety of learning methods and actively engaged participants. The participants completed surveys at the conclusion of the program. The participants ranked the trainers effectiveness between 4.24 and 4.56 on a 5-point

scale and the sessions overall between 3.79 and 4.11 on a 5-point scale (Cianciolo & Zupan, 2004, p. 32). Participants felt that the material was presented in an effective manner. Participant felt the program's usefulness on the job was rated at 2.68 out of 5, which falls between "a little" and "most of it." The trainers were pleased with the overall results of the program but felt that it would be more beneficial if spread over two days versus compressing everything into one day (Cianciolo & Zupan, 2004). These proposed programs are effective for many inmates and the prison as a whole. There is one other idea that many may think is unorthodox but it has also proven to be effective; compassionate release.

Compassionate Release

Compassionate release has been shown to be effective for both the prisoner and the prison system. The National Center on Institutions and Alternatives (NCIA) "estimates that this plan would save tax payers \$175 million in the first year alone" (Gaydon & Miller, 2007, p, 689). Compassionate release is not for all elderly prisoners. For a prisoner to be released, they must meet certain criteria. The prison system needs to determine that the prisoner is no longer a threat to society and that their needs will be better met upon release into the community. Prisoners, typically considered for the program, are people that are severely or terminally ill. The prisoners may be released to their home so they can die with more dignity or released to a form of house arrest to ensure they are monitored (Gaydon & Miller, 2007).

A program entitled "*Project for Older Prisoners*" offers non-custodial alternatives for elderly prisoners who have illnesses that can be managed better in the community. To qualify, the inmate must "acknowledge his guilt, have a good record while incarcerated, and meet age and medical criteria" (Stojkovic, 2007, p. 107). The program seeks pardons, commutation of sentence, parole release, or placement in a halfway house for prisoners who are debilitated

physically or mentally, which places large costs on the correctional systems (Stojkovic, 2007). Jonathan Turley, a law professor at George Washington University, developed this program and law students are trained to assist in determining low-risk prisoners. They work as volunteers or for academic credit (Turley, 2006).

Summary

The best practices discussed prior are effective in meeting the needs of the elderly in prison (Fazel, Hope, O'Donnel, & Jacoby, 2004; Gaydon & Miller, 2007). Negative emotions, such as depression, anxiety, anger, and isolation, often emerge when dealing with imprisonment. The elderly inmate presents declining physical and psychosocial health due to age, presence of injury or illness, victimization from younger inmates and increased stress of life in the prison context. These factors, in addition to minimal healthcare, can exacerbate the already declining health of the elderly inmate therefore costing the prison system more to care for these individuals.

Prison systems can offer a variety of services to help meet the needs of the elderly inmates and decrease the cost required for their care. These services include: 1) physical activity tailored to the elderly inmate; 2) education on coping and maintaining health/wellness; 3) environmental supports to increase independence; 4) promotion of building strong social supports; 5) education to prison staff on elderly inmates' needs and; 6) increased on-site staff with medical and correctional training. These methods have proven to increase the overall physical and psychosocial health of the elderly inmate in various settings. Improved health will in turn decrease the cost to care to the prison system for these individuals.

The decreased health of the elderly and the non-therapeutic prison environment can be evaluated and treated by an occupational therapist (OT). OTs are trained to evaluate the

interaction between a person and their environment. The impact the environment has on a person's performance in day-to-day tasks is important to consider and is a specialty of occupational therapy.

Role of Occupational Therapy

The overall goal of occupational therapy is “supporting health and participation in life through engagement in occupation” (AOTA, 2008, p. 626). An occupation, according to the occupational therapy profession, is any activity used to occupy a person's time. The role of the occupational therapist in the criminal justice setting varies depending on the needs of the client, similar to all practice settings. Occupational therapists working in a prison setting “facilitate skill development in order to help patients function at their maximum potential within their current institutional environment and be more productive and successful when they reintegrate into the community” (Snively & Dressler, 2005, p. 569).

Occupational therapists (OT) focus on human growth and development from a holistic viewpoint. They receive extensive training in evaluating and treating both the psychosocial and physical components of the person. Occupational therapists' training in the assessment, design and provision of effective interventions can be instrumental in meeting the unique needs of elderly inmates. Elderly inmates experience health declines due to the normal aging process but many elderly inmates also present mental illnesses and/or physical disabilities. These health declines hinder the elderly inmate from participation in day-to-day activities. The OT can assess the needs of the inmate and from their assessment determine interventions, such as appropriate programming, to allow the inmates to participate to their full potential. This in turn decreases the dependency on prison staff and the cost of healthcare.

OT's are also trained in the adaptation and modification of an environment to ensure the safety and health of an individual; in this case modification of the prison to ensure safety and health of the elderly inmates. Modification takes into consideration the individuals psychological, cognitive, physical and environmental factors and developing programming and interventions that more effectively meet the elderly inmates unique needs. Environmental changes include but are not limited to, adding grab bars for support, adding ramps in place of stairs, and adding non-slip mats to bathrooms.

The authors believe that an OT is well trained to develop and implement a program that enhances the prison systems current programming. Occupational therapists have a unique ability to: 1) assess both the environment and the inmates from a holistic viewpoint; 2) assess how the person interacts with their environment and how the environment influences the person's daily life tasks and; 3) bring a medical and psychological background with a pragmatic approach that very few other professionals have.

Proposed Program

Introduction

The Elderly in Prison: A Programming Protocol objectives:

1. To present a programming approach that more effectively meets the needs of the elderly inmates and the prison as a whole.
2. The purposed program itself will increase the awareness and inform personnel, in the correctional system and other occupational therapists and healthcare workers, on the potential role occupational therapy can have in maximizing and/or maintaining the physical and psychosocial wellbeing of this population.

Theory

Theoretical models provide the occupational therapy profession with a knowledge base to guide practice. After researching various models of practice, it was determined that the Ecological Model of Occupation would provide a solid base for the *Elderly in Prison: A*

Programming Protocol. This Model supports the Occupational Therapy Practice Framework and utilizes the same terminology.

Ecological Model of Occupation: The main premise of the Ecological Model of Occupation is to extend the possible ways that people can participate in daily tasks. It is based on the relationship between these four core constructs: person, task, context, and performance (Dunn, Brown, & Youngstrom, 2003). The application of the Ecological Model of Occupation applies to this project as follows:

1. **Person:** 1) Elderly inmates age 50 or older who experience decrease functioning physically or mentally and have difficulty participating in daily activities. 2) Correctional personnel who do not attend to the needs of the elderly prisoners due to lack of awareness of their needs or a decrease willingness to add extra measures to meet their needs. 3) Political leaders, such as legislators and governors, which oversee the prison and enforce how the prison will operate. 4) Occupational Therapists' who work in the prisons and implement similar programs.
2. **Task:** The person and context work together to determine the range of tasks a person is able to perform. A task is the behaviors needed to accomplish a set goal. An infinite number of tasks exist but the person and context determine which tasks are available to each individual. The inmates' performance skills can be assessed by an OT to determine clear goals. Gaining a clear understanding of the tasks the person can or cannot accomplish is essential.
3. **Context:** Two contexts are addressed: 1) temporal context consisting of chronological age, developmental stage, life cycle, and health status 2) the environmental context composed of physical, social, and cultural aspects. The essential feature of this model is to examine the role of context as a person performs a task (Dunn, Brown, & Youngstrom, 2003). The temporal contexts of the elderly inmates cannot be changed but are considered when developing programs to meet their needs. Changing the environmental contexts within the prison setting can increase the range of tasks available to the elderly inmates and increase their performance. Occupational therapists are trained in evaluation of the environment in order to make alterations as needed to enhance the person/environment interaction. In order for the changes to be effective, support is needed from the correctional personnel and the political leaders.
4. **Performance:** Performance is a person's engagement in everyday activities. The performance range is the number of tasks available to the person determined by the person, context, and task (Dunn, Brown, & Youngstrom, 2003). The performance range and tasks available to prison inmates is minimal due to contextual factors (temporal and environmental). The changes proposed by the program will increase the number of tasks available to the elderly inmates therefore increasing their performance range. The program will be implemented by an occupational therapist.

Ecological Model Interventions: The model “describes five therapeutic intervention strategies that address the complexity of the person/context/task relationship” (Dunn, Brown, & Youngstrom, 2003, p. 231). The ultimate goal of each of these intervention strategies is to support the performance needs of the inmate. The intervention strategies and their application to this project are:

1. **Establish/Restore:** The aim of establish/restore is on the person’s skills and the context is considered to determine availability, supports and barriers, and feedback (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to establish/restore independence for the inmate within the prison context based on the inmate’s skills. In order to do this, the program will establish a clear plan of assessment and intervention for the prospective OT to utilize.
2. **Alter:** The aim of alter is to change the context to match the abilities and skills of the person (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to alter features of the tasks, components and characteristics of the physical environment, and the social context.
3. **Adapt/Modify:** The aim of adapt/modify is to increase task performance by modifying the context and task features (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to adapt/modify daily programming in order to increase performance range and participation in health promoting activities. The adapted/modified program will be determined and implemented by the OT. The elderly inmates and the prison staff will benefit from the adapted/modified programming designed with them in mind.
4. **Prevent:** The aim of prevent is to change person, context, or task variables to decrease negative outcomes (Dunn, Brown, & Youngstrom, 2003). This program will provide education to inmates to prevent declining health due to exacerbation of illness.
5. **Create:** The aim of create is on maximizing the persons’ performance range by creating supportive conditions (Dunn, Brown, & Youngstrom, 2003). A program will be designed to compliment and enhance the skills and abilities of the elderly inmates and create and environment that is more supportive, efficient and cost effective.

Organization

The program has been organized in a manner that follows a logical order of skill development. The sections are clearly defined so that users can easily access information that is relevant to his or her specific practice. Organization of the Program Protocol is outlined below in the Table of Contents of the product.

Table of Contents

Introduction to Manual

1. Purpose
2. Rational
3. Theory
4. How to use

Elderly Prison Protocol

1. Evaluation
 - a. Person
 - b. Task
 - c. Context
 - d. Performance
2. Treatment/Intervention
 - a. Establish/Restore
 - b. Alter
 - c. Adapt/Modify
 - d. Prevent
 - e. Create
3. Resources

The product in its entirety is available in Chapter IV. Chapter III will present the methodology and the activities used to develop the product.

CHAPTER III

Methodology

Elderly in the Prison: A Programming Protocol was developed to enhance the quality of life for the elderly inmates and to decrease the cost of caring for this high needs population. The program protocol was designed with the needs of the elderly inmates in mind for use in the correctional system by the occupational therapist. The protocol outlines prison programming that better meets the needs of the elderly and environmental modifications that enhances their daily participation. After conducting an extensive review of the literature, it is concluded that increasing participation in activities directly correlates with an increase in physical and mental health status.

A review of literature was conducted to clearly identify the:

1. Prison Culture
2. Health Status
3. Utilization of Services
4. Financial Costs
5. Best Evidence Based Practices and
6. Role of the Occupational Therapist (OT)

The following databases were used to conduct a search of the literature: PubMed, Scopus, Academic Search Premier, CINAHL, OT Search. In addition, interlibrary loans were utilized to access additional articles. The articles were read by the authors and compiled into a comprehensive review of the literature following the headings identified above.

After identifying the problems associated with the elderly in the prison setting, the authors began the process of developing a program protocol designed specifically for the elderly

inmates. The first step was to choose a model to guide the development of the program protocol. The authors considered two main models, the Ecological Model of Occupation and Occupational Adaptation. After closely comparing the two models, the authors chose the *Ecological Model of Occupation* to drive the development of the product.

The *Ecological Model of Occupation* extends the possible options for people to participate in daily tasks as is based on the relationship between these four core constructs: person, task, context, and performance (Dunn, Brown, & Youngstrom, 2003). The model considers all aspects of the person and assists to increase the performance range through a variety of methods, which is desirable when considering the limitations and confinements of the prison environment. The *Ecological Model of Occupation* “describes five therapeutic intervention strategies that address the complexity of the person/context/task relationship” (Dunn, Brown, & Youngstrom, 2003, p. 231). The ultimate goal of each of these intervention strategies is to support the performance needs of the inmate. The five strategies include 1) establish/restore, 2) alter, 3) adapt/modify, 4) prevent, and 5) create.

Based upon the *Ecological Model of Occupation*, a program protocol was developed to reflect the main premises of the model. The protocol has three sections:

1. Evaluation
2. Intervention, and
3. Resources

The **evaluation section** focuses on the person, task, context, and performance. A sample guide directs the therapist through the evaluation. It provides directions and suggestions in order to ensure a comprehensive evaluation of each inmate.

Upon completion of the evaluation, the occupational therapist can begin to design and implement appropriate interventions. The **intervention section** outlines intervention ideas based

on the five therapeutic intervention strategies. This section is divided into five subsections, one for each strategy. Each subsection provides intervention ideas based on the areas of occupation and specific group programs for elderly inmates or correctional staff. The specific programming options were developed by the authors based on the literature review and previous knowledge gained in the UND Occupational Therapy Program on elderly persons.

Finally, the resource section highlights resources for the OT to utilize when implementing this protocol. Resources included in this section are based upon best practices and relevancy via the literature review.

Chapter IV to follow includes a description of the product and the product in its entirety.

CHAPTER IV

Product

The ultimate goal of this product is to enhance the quality of life for the elderly inmates and to decrease the cost of caring for this high needs population. The program protocol was designed with the needs of the elderly inmates in mind for use in the correctional system. The protocol will outline prison programming that better meets the needs of the elderly and environmental modifications that enhances their daily participation. After conducting an extensive review of the literature, it is concluded that increasing participating in activities directly correlates with an increase in physical and mental health status.

The authors made the decision to address this topic after learning of the extensive unmet needs of the elderly inmate population. The literature review revealed that elderly inmates have numerous chronic diseases that require specialized care and treatment. The developmental disabled and mental ill are a high population within the prison system; they also require specialized care and treatment. The current criminal justice system is not equipped to care for this high needs population. The programming is designed around the well, young inmate population and the prison staff are not trained to provide the specialized treatment needed for the elderly inmates (Williams, 2006; Trovillion & Sansom, 1999; Crawley, 2005; Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007). The needs of the elderly inmates are shown to cost the prison system extensive amounts of money annually. The average cost of maintaining an elderly inmate ranges from \$65,000 to \$69,000 per year, as compared to \$22, 650 per year for

a younger inmate, (Mauer, King, Young, 2004, p. 25; Gaydon & Miller, 2007, p. 687) with the estimated annual national cost totaling \$2.5 billion (Mauer, King, Young, 2004, p. 25).

For the reasons stated above, the authors developed specialized programming and environmental modifications that are better suited for elderly inmates. The Ecological Model of Occupation was used to structure the specialized programming and environmental modifications in the protocol titled *Elderly in Prison: A Programming Protocol*.

The main premise of the Ecological Model of Occupation is to extend the possible ways that people can participate (Dunn, Brown, & Youngstrom, 2003). The protocol contains two main parts, evaluation and intervention. 1) The evaluation section is based on the four core constructs of the Ecological Model of Occupation; person, task, context and performance. The evaluation of the person focuses on the elderly inmate. Specific items evaluated include the tasks they find meaningful and the variables that hinder or support performance. The evaluation of the task focuses on each area of occupation; ADLs, Prison ADLs, work, social participation, sleep, and education. Evaluating the context focuses on the temporal context and physical, social, and cultural aspects of the environmental context. The inmates' performance is evaluated throughout in relation to the components listed above. 2) The interventions of the protocol are outlined based on the five intervention strategies within the Ecological Model of Occupation; establish/restore, alter, adapt/modify, prevent, and create. **Establish/Restore:** The authors developed two programs, *Building Strength & Balance* and *Peer Support Groups*, to increase the elderly inmates' independence. **Alter:** The authors outlined possible environmental modifications to change the existing prison environment to increase the elderly inmates' participation in daily activities. **Adapt/Modify:** This intervention strategy is to be utilized by the therapist implementing the protocol by using the results of the evaluation to determine modifications for

the current context and task features. **Prevent:** An educational session was developed to educate the elderly inmates of the benefits of health promoting activities and the programming options available through this protocol. This will assist in preventing declining health due to exacerbation of illness. **Create:** The authors developed a program titled *Walking for Wellness* to promote wellness and a healthy lifestyle within the confines of the prison setting.

The product, *Elderly in Prison: A Programming Protocol*, is presented in its entirety in the following. Chapter V will present the conclusions and recommendations.

CHAPTER V

Summary

There is an opportunity for the criminal justice system, to make improvements to meet the unique needs of the elderly inmates. The current standard approaches do not meet the unique physical and mental health needs of the elderly inmates. Options are available that can decrease the demands of the elderly inmates on the criminal justice system, that decrease the cost. Occupational therapists (OTs) have a unique background in both physical and psychosocial rehabilitation and in turn may serve as excellent resources when developing and implementing such programs.

Based on the results of a literature review, *Elderly in Prison: A Programming Protocol* was developed. The protocol is based on the *Ecological Model of Occupation Theory* which provides a base for improving the current environment and programming within the prison system. The product presents the evaluation phase an implementing OT would go through when evaluating the elderly inmate and their surroundings (the prison environment). Based on the evaluation results, intervention strategies can be chosen as determined by the Ecological Model of Occupation. The intervention strategies within the model fall on the headings in the protocol: establish/restore, alter, adapt modify, prevent, and create. The interventions are all developed with the elderly inmates needs in mind.

The clinical practice strengths of the product include:

1. Design is easy to follow and structured for a specific population.

2. It provides the clinical occupational therapist with a guide to implement the protocol within a prison setting.
3. It provides detailed instructions, programs, and suggestions; however, allows flexibility for an implementing therapist to add to the content.

Possible Implementation

For implementation, it is suggested that in-services be provided for the correctional system personnel in the prison system to educate them on the current problems in the environment and within the programming and introduce solutions to them. The in-service would also need to outline the benefit the prison will receive due to the implementation of the changes in the program. The implementing OT should gather information from prison official about the medical expenses they acquire in a year and other expenses related to aging inmate. This information will be utilized when developing outcome measures.

The protocol is designed in a way that a practicing occupational therapist would be able utilize it as a resource for implementation. The therapist, after gaining approval from the correctional system personnel, would need to begin implementation with the evaluation phase. This will give him/her an idea of the changes needed within their prison system. After this phase is complete the implementing occupational therapist can utilize the programs/ideas within the protocol to make changes in the prison programming and environment.

Outcome measures will be determined at the end of the implementation process. The implementing occupational therapist will gather information, during the implementation of the project and for a period after the completion, about the medical expenses they acquire and other expenses related to aging inmate. This information along with the information gathered pre-implementation will be compared in order to prove effectiveness of the program.

Conclusions

In conclusion, *Elderly in Prison: A Programming Protocol* developed to provide occupational therapist and the Correctional System personnel with:

1. Structured outline of an evaluation process for use within the prison system, developed with the *Ecological Model of Occupation* as a guide.
2. Structured outline and suggestions for interventions when working with elderly inmates, developed with the *Ecological Model of Occupation* as a guide.

The evaluation process and interventions offered in the protocol are suggestions and can added to or subtracted from as seen fit by an OT, if implemented into the prison system. The protocol encompasses a holistic approach to treatment for elderly inmates. The OT profession, as a whole, could benefit from this project by:

1. Furthering their knowledge of the current prison system,
2. Understanding their potential role in the evaluation of inmates and their environment within the prison system, and
3. Understanding their potential role in the intervention process with elderly inmates.

Limitations

The limitations of this project could include:

1. The authors lack clinical experience within the prison system. The literature review served as their only guide for development.
2. The evaluation process and interventions presented in the protocol has never been fully implemented to determine the necessity, efficiency and quality of the process.

3. While the project presents evaluation and interventions for work within the prison system, the lists are not all inclusive and there could be things added or subtracted from the protocol.
4. Occupational therapy is not a widely utilized profession within the criminal justice system. Due to this the new hiring of OTs may be needed for implementation.

Recommendations

The product, *Elderly in Prison: A Programming Protocol*, has the potential for implementation into a correctional facility. It is recommended that:

- The Minnesota Department of Corrections, St. Peter, MN and the Forensic Unit of the North Dakota State Hospital, Jamestown, ND review the protocol for possible implementation.
- Develop and provide in-services for a variety of governing prison officials and legislators that provide knowledge of the current problems in the criminal justice system and the potential use of hiring OTs in solving these problems.
- Outcome measures are developed upon implementation of the protocol to determine effectiveness and changes for further implementation.
- The authors write an article to be submitted to AJOT, to inform the OT community of the problems faced within the current prison system and the potential role for OTs when determining solutions to these problems. This will spark interest in the OT profession about the correctional system and their potential role.

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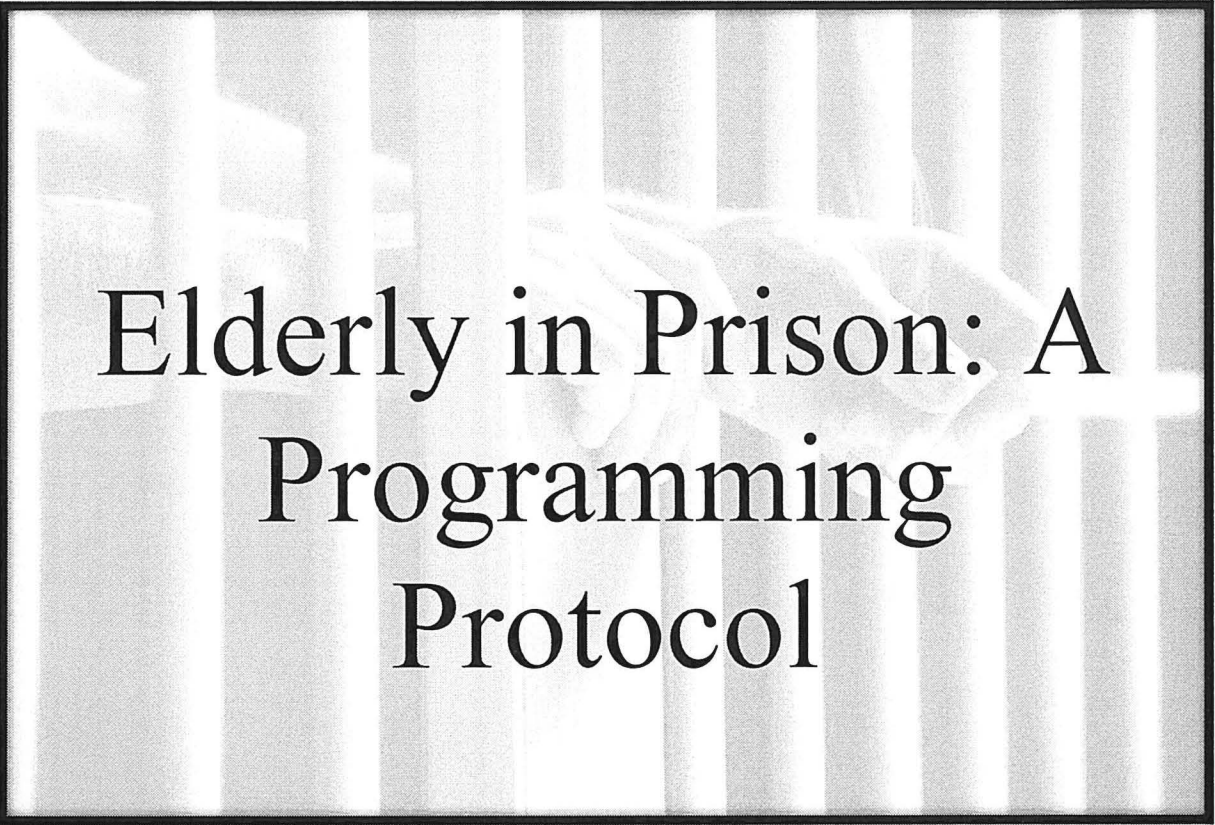
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Elderly in Prison: A Programming Protocol

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Introduction to Manual

Purpose

The ultimate goals of this product are to enhance the quality of life for the elderly inmates and to decrease the cost of caring for this high needs population. The program protocol was designed with the needs of the elderly inmates in mind for use in the correctional system. The protocol will outline prison programming that better meets the needs of the elderly and environmental modifications that enhances their daily participation. After conducting an extensive review of the literature, it is concluded that increasing participating in activities directly correlates with an increase in physical and mental health status.

Rational

The authors made the decision to address this topic after learning of the extensive unmet needs of the elderly inmate population. "Many elderly inmates have numerous chronic diseases requiring extensive care and treatment and a major component of this problem is the sheer number of mentally ill and developmentally delayed inmates in prison (Williams, 2006, p. 6). The current criminal justice system does not have adequate services and programming to deal with the health concerns and related needs of the elderly (Trovillion & Sansom, 1999; Crawley, 2005; Potter, Cashin, Chenoweth, & Jeon, 2007; Gaydon & Miller, 2007). In addition, the prison staff is not trained to deal with this high needs population (Crawley, 2005). The extensive special needs of the elderly population greatly increases the cost for the prison systems (Williams, 2006). In order to decrease these costs and increase the health status of elderly inmates, the prison systems need to make changes to specific programming, day-to-day activities, environmental modifications and training of correctional employees.

The authors also decided to focus on this population after learning of the cost of care for an elderly inmate versus a younger inmate and seeing the potential role of OT. The average cost of maintaining an elderly inmate ranges from \$65,000 to \$69,000 per year, as compared to \$22,650 per year for a younger inmate, (Mauer, King, Young, 2004, p. 25; Gaydon & Miller, 2007, p. 687) with the estimated annual national cost totaling \$2.5 billion (Mauer, King, Young, 2004, p. 25). The potential role of OT could decrease the cost of care for the facilities while increasing the independence level and quality of life of the elderly inmates.

Theory

Theoretical models provide the occupational therapy profession with a knowledge base to guide practice. After researching various models of practice, it was determined that the Ecological Model of Occupation would provide a solid base for *Elderly in Prison: A Programming Protocol*. This Model supports the Occupational Therapy Practice Framework and utilizes the same terminology.

Ecological Model of Occupation: The main premise of the Ecological Model of Occupation is to extend the possible ways that people can participate. It is based on the relationship between these four core constructs: person, task, context, and performance (Dunn, Brown, & Youngstrom, 2003). The application of the Ecological Model of Occupation applies to this project as follows:

1. **Person:** 1) Elderly inmates age 50 or older who experience decrease functioning physically or mentally and have difficulty participating in daily activities. 2) Correctional personnel who do not attend to the needs of the elderly prisoners due to lack of awareness of their needs or a decrease willingness to add extra measures to meet their needs. 3) Political leaders, such as legislators and governors, which oversee the prison and enforce how the prison will operate. 4) Occupational Therapists' who work in the prisons and implement similar programs.
2. **Task:** The person and context work together to determine the range of tasks a person is able to perform. A task is the behaviors needed to accomplish a set goal. An infinite number of tasks exist but the person and context determine which tasks are available

to each individual. The inmates' performance skills can be assessed by an OT to determine clear goals. Gaining a clear understanding of the tasks the person can or cannot accomplish is essential.

3. **Context:** Two contexts are addressed: 1) temporal context consisting of chronological age, developmental stage, life cycle, and health status 2) the environmental context composed of physical, social, and cultural aspects. The essential feature of this model is to examine the role of context as a person performs a task (Dunn, Brown, & Youngstrom, 2003). The temporal contexts of the elderly inmates cannot be changed but are considered when developing programs to meet their needs. Changing the environmental contexts within the prison setting can increase the range of tasks available to the elderly inmates and increase their performance. Occupational therapists are trained in evaluation of the environment in order to make alterations as needed to enhance the person/environment interaction. In order for the changes to be effective, support is needed from the correctional personnel and the political leaders.
4. **Performance:** Performance is a person's engagement in everyday activities. The performance range is the number of tasks available to the person determined by the person, context, and task (Dunn, Brown, & Youngstrom, 2003). The performance range and tasks available to prison inmates is minimal due to contextual factors (temporal and environmental). The changes proposed by the program will increase the number of tasks available to the elderly inmates therefore increasing their performance range. The program will be implemented by an occupational therapist.

Ecological Model Interventions: The model "describes five therapeutic intervention strategies that address the complexity of the person/context/task relationship" (Dunn, Brown, & Youngstrom, 2003, p. 231). The ultimate goal of each of these intervention strategies is to support the performance needs of the inmate. The intervention strategies and their application to this project are:

1. **Establish/Restore:** The aim of establish/restore is on the person's skills and the context is considered to determine availability, supports and barriers, and feedback (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to establish/restore independence for the inmate within the prison context based on the inmate's skills. In order to do this, the program will establish a clear plan of assessment and intervention for the prospective OT to utilize.
2. **Alter:** The aim of alter is to change the context to match the abilities and skills of the person (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to alter features of the tasks, components and characteristics of the physical environment, and the social context.
3. **Adapt/Modify:** The aim of adapt/modify is to increase task performance by modifying the context and task features (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to adapt/modify daily programming in order to increase

performance range and participation in health promoting activities. The adapted/modified program will be determined and implemented by the OT. The elderly inmates and the prison staff will benefit from the adapted/modified programming designed with them in mind.

4. **Prevent:** The aim of prevent is to change person, context, or task variables to decrease negative outcomes (Dunn, Brown, & Youngstrom, 2003). This program will provide education to inmates to prevent declining health due to exacerbation of illness.
5. **Create:** The aim of create is on maximizing the persons' performance range by creating supportive conditions (Dunn, Brown, & Youngstrom, 2003). The program is designed to compliment and enhance the skills and abilities of the elderly inmates and create an environment that is more supportive, efficient and cost effective.

How To Use

The protocol is designed for use by occupational therapists, correctional staff, and other associated personnel. The full use of the protocol, including evaluation and all the interventions, is designed to only be utilized by a skilled occupational therapist. Ideas from the protocol, such as the walking or strength building sessions, could be implemented by the correctional staff and associated personnel with training from an OT.

The program protocol is designed to be easy to follow and implement, containing two main parts, evaluation and intervention. The purpose of ***Evaluation*** is to assess all areas of suspected disabilities and then determine the inmate's needs and provide a rationale for addressing those needs as they relate to the expectations of the prison culture and their level of independence. Based on the goals determined in the evaluation process, the occupational therapist can implement the proposed protocol or adjust the intervention plan according to his or her individual style of preference.

Evaluation



Evaluation

Purpose

The purpose of evaluation is first to assess in all areas of suspected disabilities and then to determine the inmate's needs and provide a rationale for addressing those needs as they relate to the expectations of the prison culture and their level of independence. The occupational therapist identifies areas that support or hinder the inmate's performance and ability to do things independently within the confines of prison. It should take into consideration areas of functional performance that are a problem, aspects of an inmate's performance components that are interfering, and areas of the environment that need to be addressed.

An occupational evaluation addresses both individual abilities and functioning within the prison environment. Within the *Ecological Model of Occupation*, information is gathered from three factors: inmate's abilities, the expected tasks, and the environment. The interaction of these factors is what constitutes the inmates performance.

The goal of the assessment is to identify what is affecting the inmate's performance. Generally, occupational therapy assessments involve the following components:

1. review of records;
2. interviews of the prison staff or personnel who are knowledgeable about the inmate and;
3. observation of the inmate within the prison environment.

In addition and as appropriate, formal evaluations, including standardized evaluations/assessments and any relevant clinical observations, may be used to gather additional information about the inmate's functional levels. All of this information enables the occupational therapist to evaluate the inmate's performance comprehensively within the prison environment and provide informed recommendations to the medical team.

In preparing to conduct the assessment, the occupational therapist should keep the following questions in mind:

- What are the concerns regarding the inmate's functioning in his/her prison program?
- What is the inmate's current level of performance?
- Within the prison programming and responsibilities, what is specifically expected of the inmate that he/she is not accomplishing?

Referral for an Occupational Therapy Evaluation

Anyone who has knowledge of the elderly inmate can make a referral for an occupational therapy evaluation. A referral for an occupational therapy evaluation is generally based on observations which indicate concerns in the inmate's performance in areas related to occupational therapy which prevents the inmate from accessing the prison environment safely and independently.

Possible indicators for occupational therapy referral of an inmate may include:

- Has difficulty in activities of daily living such as getting dressed, showering or bathing
- Shows poor organization and sequencing of tasks.
- Demonstrates poor hand use and tool use.

- Has difficulty in accomplishing tasks without the use of adaptive equipment, environmental modifications, or assistive technology.
- Shows unusual or limited leisure patterns.
- Has a deficit in adaptive self-help or feeding skills.
- Shows difficulty with self regulation.

The *Ecological Model of Occupational Performance* Table presents pertinent questions related to each factor. The questions may be used to select assessment tools and organize relevant information. Selection of assessment tools will depend on a variety of factors: the purpose of the assessment; the inmate's personal characteristics; the philosophical orientation of the prison program and the overall team approach used within a particular setting (e.g. multidisciplinary, interdisciplinary, or transdisciplinary).

Ecological Model of Occupation Performance: Assessment Questions

Factor	Inmate's Abilities	Expected Tasks	Prison Environment
Record review / Checklist	What is the medical diagnosis? What is the eligibility for services? Establish a profile of strengths and areas of concern.	What is the expected performance/skills the inmate must have to function independently? What goals are related to occupational therapy areas of expertise?	What is the program placement and classroom setting? Who are the personnel addressing areas of concern or medical goals for the inmate?
Staff (medical and non-medical)	Does the inmate have the ability to participate in the ongoing structure/routine of the prison? What does the staff see as the inmate's strengths and weaknesses? What are the staff's concerns regarding the inmate's functioning in meeting his or her daily performance requirements and/or expectations?	What type of programming is being used? In which areas of the instructional program is the inmate having the greatest difficulty? (Assess in those areas.) What are the staff's expectations for the inmate in his/her unit/prison? What are the methods of behavior management?	In which setting is the inmate having the greatest difficulty? (Assess in these settings.) How does the inmate interact and work with peers or staff on the unit or in the prison as whole? Is the inmate using any special adaptations of special equipment? What is the inmate's daily schedule?

Flowchart -- Occupational Therapy Evaluation Process

Occupational Therapy Evaluation Process: The evaluation process is the sequence of steps necessary to conduct an occupational therapy assessment. The assessment is the methods (e.g. record review, personnel interviews, and inmate observation) and measurements (i.e. specific tests) used to assess performance. The steps of the evaluation are listed below:

Occupational Therapy Evaluation Process

Conduct the Evaluation:

1. Observe the inmate in their cell and other relevant settings – work area, lunch room, hallways, shower etc.
2. Interview the staff that may have additional relevant information concerning the inmate.
3. Identify existing contexts, interventions, and supports that have been or are being tried.
4. Administer standardized and non-standardized tests, as needed.

Review relevant inmate records and information from related evaluations or therapeutic interventions

1. Develop an occupational profile of the inmate.
2. Plan and prioritize which areas to assess that may be influencing the inmate's occupational performance, such as performance skills, performance patterns, environments, activity demands and inmate factors.
3. Identify specific methods and measures that are needed to help determine the inmate's strengths and needs.

Review all compiled information and analyze test results to identify performance skills, performance patterns, environments, activity demands and client factors that affect the inmate's ability to function in the prison setting:

1. Review medical and psychological background information.
2. Review medical and related observation notes.
3. Review staff logs and/or notes that are pertinent to the inmates performance.
4. Analyze standardized/nonstandardized test results.

Prepare written occupational therapy evaluation report and send to the lead physician or appropriate medical personnel:

1. Include referral and presenting history.
2. State purpose of Evaluation.
3. State results of the Evaluation.
4. Summarize inmate's strengths and needs related to the inmate's occupational performance across appropriate prison environments.
5. Document how occupational therapy strategies and techniques may be able to support the inmate needs as well as the prison personnel.
6. Provide recommendations

Evaluation tools do not have to include standardized assessments. Evaluation or assessment tools can include observations, developmental checklists and response to interventions. *A Top Down Assessment Approach* can be used:

1. The occupational therapist looks at functional difficulty and determines the cause rather than considering specific inmate factors out of context (skills the inmate can and cannot do), and presupposing a functional difficulty.
2. Begins with consideration of how the inmate participates across all settings.
3. The assessment process is driven by contextual factors (the prison environment), activity demands, and inmate needs (Dunn, Brown, & McGuigan, 1994; Muhlenhaupt, 2003).
4. The occupational therapist considers all aspects of the prison environment, including physical, temporal, social, and cultural considerations, and how context affects the inmate's performance (Muhlenhaupt, 2003; Swinth, 2002).

Sample Guide

This is just a sample so you can see the integration of the Ecological Model of Occupation within the assessment process. Please feel free to adjust or design your own based on your own preferences of organization and knowledge.

Person

What tasks do you find most important in your life?

Can you prioritize these in order of importance?

The Occupational Therapist needs to identify the task priorities of the prison system via interviews and compare these to the inmate's priorities.

Evaluate the inmates variables – specifically those variables that support or hinder his or her performance:

Sensorimotor: Environment-Independence Interaction Scale Results

	Cognitive: Mini Mental State Exam Results
	Psychosocial: Geriatric Depression Scale Results

Task & Performance

- Independence level (Following FIM definitions) with: transfers, dressing, grooming, walking/mobility
- Understand how the task is performed and what contributes to difficulty of performance
- What is the acceptable level of performance

Include in your evaluation the temporal features of the task:

Sequential structure: the order of the steps of the task	Temporal location: where the task takes place: day of week, time of day
Duration: how long the task takes	Rate of recurrence: how often the task takes place
Temporal rigidity: how flexible or rigid are the temporal features of the tasks: can the steps be rearranged, modified or adapted?	

Physical Function ADLs	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Mobility				
Dressing				
Eating				
Toilet Use				
Personal Hygiene				
Bathing or showering				

Summary

Physical Function Prison ADL's (PADL's)	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Getting on the floor for alarms				
Hearing orders from staff				
Standing for head count				
Getting on a top bunk if required				
Climbing one flight of stairs				
Going to the dining hall				
Summary:				
Work (List and evaluate components specific to each individual)	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Summary:				

Leisure (List and evaluate components specific to each individual)	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Summary:				
Social Participation (List and evaluate components specific to each individual)	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Summary:				

Sleep	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Sleep Routine				
Falling Asleep				
Staying Asleep				
Summary:				
Education (List and evaluate components specific to each individual)	Independent	Minimal assist 25% or less	Moderate assist 50% or less	Dependent or unable to do
Summary:				

Context		
Temporal Features of the person	Areas to Consider	
	Chronological Age	
	Developmental Age	
	Health Status	
Summary:		

Physical Environment Checklist:	Areas to Consider: look at components of the physical environment; all objects, the terrain, the built environment and natural environment and the weather and the accessibility of the space.	
Are things convenient, suitable and accessible?	Hallways	
	Entrances	
	Phone	
What is the distance between and within each setting?	Drinking fountains	
	Stairs/elevators	
	Alarm systems	
	Bathroom	
	Shower	

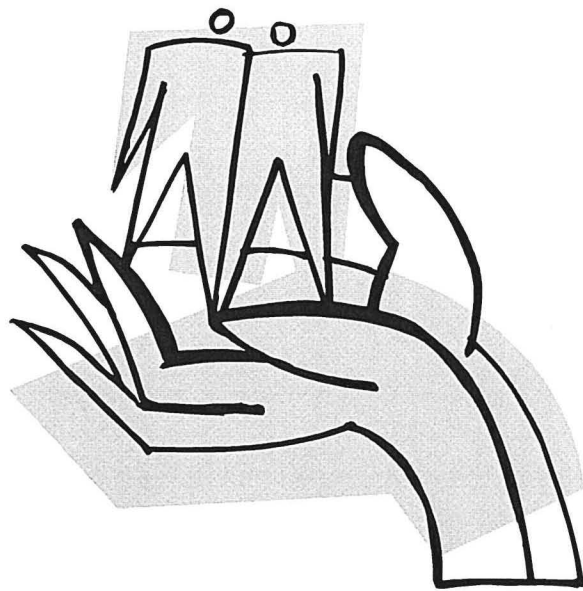
	Dining area	
	Work area	
	Leisure area	
	Object use requirements: dexterity, strength, endurance, visual acuity, etc.	
	Does the environment induce calmness or arousal?	
	How is the use of color, light, or objects utilized?	
	Complexity of the environment: use of cues, orderliness, cognitive demands, efficiency, etc.	
Summary:		

Cultural Environment Checklist	Areas to Consider: Does the person have the opportunity to express or enjoy aspects of his or her culture and in what ways can they be expressed	
	Ethnic	
	Religious	
	Political	
	Age/ generation	
	Gender	
	Sexual orientation	
	Beliefs & values	
	Customs & traditions: rituals, dress celebrations, food & eating habits	
	Language: verbal & non- verbal	
	Symbols: physical representation of their cultural group	
Behavior patterns/ norms / attitudes: time orientation, interaction patterns, personal responsibility		
Summary:		

Social Environment Checklist	Areas to Consider:	
	Informational Support: sharing knowledge, experience, advice or guidance	
	Emotional: providing support and encouragement	
	Microsocietal factors: family, friends, caregivers, service providers, staff, organizations	
	Macrosocietal factors: political systems, health services & educational services	
Summary:		
Purpose of Evaluation:		

Results of Evaluation	
Inmates Strengths	Inmates Needs
<p>Proposed OT Intervention:</p> <ul style="list-style-type: none"> ▪ Where are modifications needed? ▪ Identify contexts in which tasks occur? ▪ Understand the contextual features of the client's situation (physical, social, cultural, and temporal) 	

Intervention



Intervention Plan

The occupational therapist may develop an intervention plan according to his or her individual style of preference. The authors have developed programming suitable for the elderly inmates, which meet their needs and are designed around the *Ecological Model of Occupation*. The user may utilize these interventions; however, they were developed as examples. Due to this, the implementing OT may utilize their own skills, experience, and ideas to develop new intervention ideas that match the goals of the current protocol. It is recommended the OT include these components in the intervention plan:

1. Include present level of performance in priority areas
2. Measurable goals to be addressed

Long term and short term functional goals address the functional limits that must change in order for the inmate to become independent through:

- Establish/restore
- Altering
- Adaptation
- Prevention and/or
- Create

3. The objectives are then broken into components that can be achieved in occupational therapy
4. Describe intervention including methods, techniques, activities, and location of services

Interventions

Interventions are activities, techniques, and modalities selected by the occupational therapist for use and how they relate to the goals of the inmate in order to meet the needs of the prison environment. They describe the program to be implemented in the prison setting that would benefit the inmate and identify any special equipment that would be needed during the treatment sessions. There are two methods that are used for delivering the interventions or service; direct and indirect.

1. Indirect service is a collaborative/consultation approach where the therapist works closely with the staff to facilitate implementation of intervention strategies across environments. In this approach it is very important to observe, ask questions, listen to staff, and become familiar with routines, schedules and expectations. Examples of the collaborative/consultation approach include providing verbal or written suggestions to staff, supplying adaptive equipment, presenting in-services, modeling techniques to the staff, developing daily programming that does not required skilled OT services.
2. Direct service is an approach where the occupational therapist works directly with the inmate. This approach may mean working with the elderly inmates individually or in small groups.

Documentation

The occupational therapist needs keep regular, ongoing documentation of each inmate's evaluation and intervention sessions. The also contributes to the development of evidence based practice in this area where the information is often minimal. Areas of focus should include:

1. Frequency of sessions

2. Intervention focus of each session
3. Clients response to each intervention and session; performance progress and behavior
4. Decisions to modify or change the plan
5. Reassessments as needed

Sample Guide

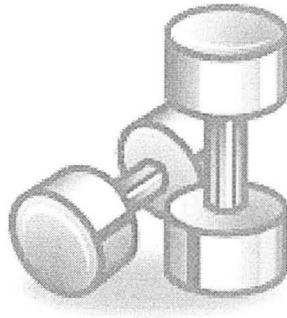
This is just a sample so you can see the integration of the Ecological Model of Occupation within the intervention process. Please feel free to adjust or design your own based on your own preferences of organization and knowledge.

Name				Dates of Service			
Area of Occupational Performance (goal)	Establish/Restore Reduce the impairment or build compensatory skills.	Alter Change the context in which the inmate performs the task. Alter features of the task, physical environment and/or social context.	Adapt/Modify Adapt the task, the space, objects in the space, activity	Prevent Prevent a problem from occurring or becoming worse.	Create Create a program/plan to meet the inmate's needs. Create a more supportive environment where/when possible		
Summary							

Establish/Restore

The aim of establish/restore is on the person's skills and the context is considered to determine availability, supports and barriers, and feedback (Dunn, Brown, & Youngstrom, 2003). The goal of this protocol is to establish/restore independence for the inmate within the prison context based on the inmate's skills. Following are a few activities that accomplish the goal of establish/restore.

Building Strength & Balance



The goal of this program is to increase the elderly inmates' balance and muscular strength. With increased strength, the inmates will be better able to complete daily tasks. A strengthening program also increases their physical health status. Better balance allows the inmates to more safely complete day-to-day activities such as walking, showering, etc. In addition, increased balance reduces the risk of falls that result in injury or decreased physical health status. This program outlines 5 stations. Each station has a different activity focusing on strengthening or balance. The time, program specifics, and station details are to follow.

Time:

The strength/balance program should be offered to the elderly inmates daily; in the am or pm depending on prison schedule and inmate preference. This will help to ensure participation. The inmates should have an hour for the program and be given the first fifteen minutes to get to the location and fifteen minutes to get back to their living quarters. For handicap inmates, they are free to use a cane, walker, or wheelchair while participating in the activities.

Specifics:

- The station details and corresponding pictures should be placed at each station for references.
- The therapist is to make a copy of the preceding pages describing each station to place at each station.
- The therapist will provide a brief demonstration of each station as an introduction to the activity.
- The therapist should be available ensure proper body mechanics while inmates complete the exercises.
- Water should be provided during the program to prevent dehydration and encourage wellness.
- Bathroom facilities should be located close to the location to support elderly inmate participation.
- Correctional staff should be present during the scheduled times to implement structure and enforce safety for all inmates.
- Members can join the group at any time.
- Attendance in the sessions is voluntary; however, it is highly encouraged to attend at least 3 times per week.

Station 1: *Bicep Curls*

- Various free weights provided to allow the inmate to choose difficulty
- Exercise completed while sitting on a therapy ball (if able) to improve trunk balance
- **10-20 reps** completed one arm at a time.
 - For example: complete 10 reps with right arm while the left arm rests, then switch
- Begin with arm straight down at side then bring hand to shoulder, bending at the elbow



Starting Position



Ending Position

Station 2: *Triceps*

- Various free weights provided to allow the inmate to choose difficulty
- Exercise complete in standing (if able)
- **10-20 reps** one arm at a time.
 - For example: complete 10 reps with right arm while the left arm rests, then switch
- 2 versions of the exercise are available: **CHOOSE ONE**
 - 1) Vertical – lift free weight straight over head like punching the sky



Starting Position



Ending Position

- 2) Horizontal – straighten arm in front like punching forward



Starting Position



Ending Position

Station 3: *Horizontal Abduction/Adduction*

- Various free weights provided to allow the inmate to choose difficulty
- Exercise completed sitting on chair
- **10-20 reps** one arm at a time. For example: complete 10 reps with right arm while the left arm rests, then switch
- 2 versions of the exercise are available: **CHOOSE ONE**
 - 1) Elbow Bent – arm is parallel to the floor with elbow bent to approximately 90 degrees. Move arm across chest as far as you can then back as far as you can.



Starting Position



Ending Position

- 2) Elbow Straight – arm is parallel to the floor with elbow straight to slightly bent. Move arm across chest as far as you can then back as far as you can keeping elbow straight.



Starting Position



Ending Position

Station 4: *Shoulder Flexion*

- Various free weights provided to allow the inmate to choose difficulty
- Exercise completed in standing (if able)
- **10-20 reps** one arm at a time.
 - For example: complete 10 reps with right arm while the left arm rests, then switch
- Begin with arm straight at side. Bring arm up to ceiling as high as you can without bending the elbow. Then bring arm back down.



Starting Position



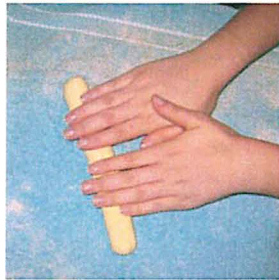
Ending Position

Station 5: *Hand strengthening*

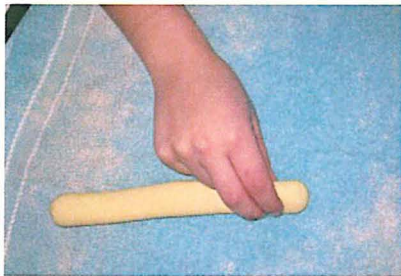
- Various strength Theraputty provided to allow the inmate to choose difficulty
- Exercises completed sitting on therapy ball (if able)
- 4 Exercises will be completed using Theraputty
 - 1) Roll Theraputty into a ball using 2 hands



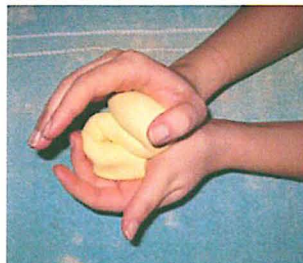
- 2) Roll Theraputty into a snake on the table using 2 hands



- 3) Pinch down the length of the snake using index finger, middle finger, and thumb

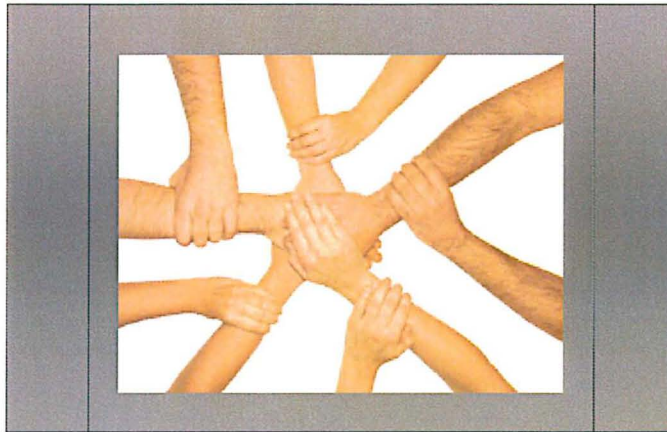


- 4) Roll/squeeze Theraputty back into a ball



- Repeat exercises until time is up

Peer Support Group



The goal of the peer support group is to give the elderly inmates' time with each other to share thoughts, feelings, ideas, concerns, etc. Spirituality may be addressed during these peer led sessions if identified by group members as a topic of interest. The lack of structure in the group will allow for flexibility. The reason for having a peer led support group versus a group led by a therapist is to promote sharing and to help the group members feel comfortable, since each member will be an inmate, including the "leader." Having a therapist as a leader may make the inmates feel less comfortable and less likely to participate.

To begin the group, a therapist should hold an informal meeting with the elderly inmates to inform them of the peer support group, the benefits of it, and give them details related to the group.

Time:

The members of the group can decide when they would like to meet. Each meeting should last about one hour. Time should be allotted to allow traveling time from living quarters to meeting place. Elderly inmates may take more time to walk long distances.

Specifics:

- Members can join the group at any time.
- Attendance in the sessions is voluntary; however, it is highly encouraged by the therapists.
- If needed, the therapists can outline topics to discuss such as grief, isolation, victimization, identifying supports, etc.
- Correctional staff should be close by to enforce safety for inmates.

Establish/Restore

Intervention Ideas in the Areas of Occupation

The implementing therapist will need to use clinical reasoning when determining interventions for each elderly inmate. Each of the interventions will vary depending on the performance skills lacking, determined from the assessment results. At that point, the therapist will need to determine which skills need to be established/restored. Often times, establish/restore is interdependent with adapt/modify (an additional therapeutic strategies addressed to follow in the protocol).

ADLs

**** Establish/restore the performance skills necessary to complete the following tasks. The skills addressed will vary for each inmate. The implementing OT will address the performance skills using occupation-based interventions ****

- Showering
- Dressing
- Eating
- Functional Mobility
- Personal Device Care
- Personal Hygiene and Grooming
- Toilet Hygiene

PADLs

**** Establish/restore the performance skills necessary to complete the following tasks. The skills addressed will vary for each inmate. The implementing OT will address the performance skills using occupation-based interventions ****

- Getting on the floor for alarms
- Standing for head count
- Getting on a top bunk
- Climbing one flight of stairs
- Going to the dining hall

Sleep & Rest

- Establish/restore sleep preparation activities such as:
 - Engage in a routine prior to sleep – examples of activities include grooming, undressing, reading or listening to music, saying goodnight to others, prayer or meditation, determine amount of sleep needed and establish time of day to sleep and wake.
 - Prepare the environment for sleep – examples include preparing the sleeping surface with adequate blankets, turning off the lights, etc.

Leisure

- Establish leisure exploration opportunities for the elderly inmates through handouts, educational in-services, or group discussion. Inmates should identify appropriate possibilities of leisure participation within the confines of the prison.
- Allow inmates to participate in leisure activities daily.

Work

** Establish/restore the performance skills necessary to complete the specific work task. The skills addressed will vary for each inmate. The implementing OT will address the performance skills using occupation-based interventions **

- Job performance
 - Includes time management, relationships with co-workers/supervisors, completion of work task, compliance with norms and procedures.
- Volunteer participation

IADLs

- Health Management & Maintenance
 - Establish/restore healthy habits and routines such as participating in programming, eating healthy, exercising, taking medications, etc.
- Safety & Emergency Maintenance
 - Establish/restore knowledge and understanding of procedures in case of an emergency (fire, tornado, victimization from others, etc). Assist inmates to establish/restore performance skills necessary to carry out procedures.
Check with the correctional facility for proper procedures and chain of command

Alter

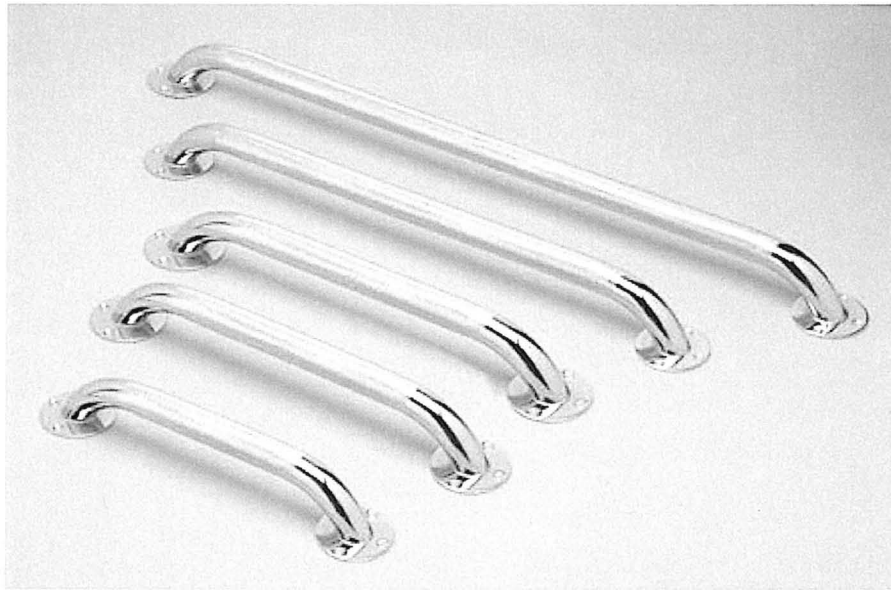
The aim of alter is to change the context to match the abilities and skills of the person (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to alter components and characteristics of the physical environment.

Environmental Modifications

Environmental modifications within the prison system will help to increase the elderly inmates' independence and their participations in day to day programming. The environmental modifications outlined in this section are easy to implement and inexpensive.

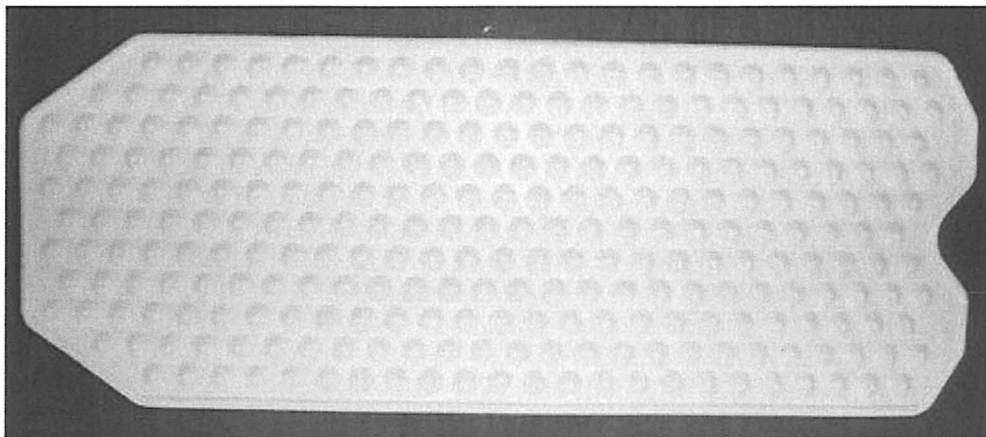
Bottom bunks – ensure that elderly inmates have access to bottom bunks vs. top bunks to help prevent falls and further injury. Due to an elderly inmate deteriorating physical health, it may not be possible for them to climb onto and off of a top bunk. If climbing to a top bunk is necessary, the implementing therapist may introduce a ladder with grab bars to accommodate for the inmates lack of skills.

Railings or Grab Bars – may be installed in the shower area and near the toilet facilities to help with elderly inmates with balance. These railings can be installed horizontally or vertically; around the entire facility or near each shower and toilet. The railings may be useful near bunks and along long corridors, where inmates walk from one activity to the next. The railing come in multiple sizes and shapes, to be used almost anywhere extra support/stability is needed.

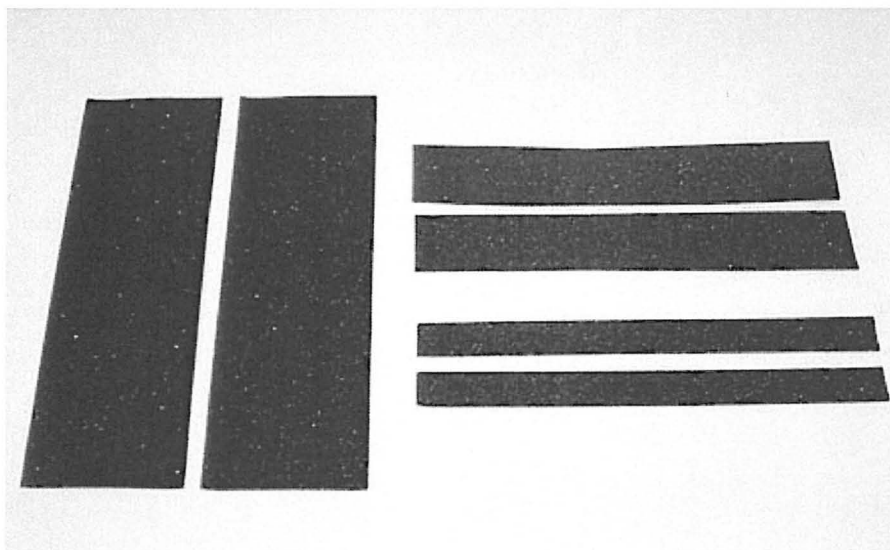


(Grab Bars)

Anti-slip Floor Mats or Non-slip Safety Strips – may be placed in the bathroom area or adhered to the bathroom floor to prevent falls and help improve balance and stability. The non-slip safety strips may also be useful in corridors, where inmates walk from one activity to the next or on the rungs of ladders to ensure grip and safe climbing when getting on to and off of a top bunk.



(Anti-slip Floor Mat)



(Non-slip Safety Strips)

Alter

Intervention Ideas in the Areas of Occupation

ADLs

- *Functional mobility:* Providing a walker or wheelchair for mobility difficulties
- *Dressing:* Educate on a variety of dressing techniques (i.e. one-handed dressing techniques, crossing foot to prevent bending over, dressing the weaker side first, using Velcro or zippers if buttons are difficult, etc)

PADLs

- *Getting on top bunk:* Moving to bottom bunk
- *Walking to the dining area for meals:* Moving inmates cell closer to dining area
- *Getting on and off the floor for alarms:* For the elderly inmates, allow alternative methods for alarms such as standing against the wall with hands over head

Leisure

- Change activities inmate participates in to meet his/her needs
- Implement age appropriate activities such as checker, chess, card games, and providing social opportunities.

Work

- Change work tasks to meet inmates' skills – task analysis and analysis of inmates skills to find a job that matches skills of person
- Lower physical intensity jobs for inmates with physical impairments

** The suggestions listed above are meant to serve as ideas for interventions within each area of occupation. The OT implementing this program can add to this list to fit the needs of the individual inmates. **

Adapt/Modify

The aim of adapt/modify is to increase task performance by modifying the context and task features (Dunn, Brown, & Youngstrom, 2003). The goal of this program is to adapt/modify daily programming in order to increase performance range and participation in health promoting activities. The modifications and adaptations will be determined and implemented by the OT based on evaluations of the individual inmates.

Adapt/Modify

Intervention Ideas in the Areas of Occupation

The intervention ideas listed to follow are all possible context or task feature alterations or modifications. These will all be pieces of whole activities/programming such as ADL's, PADL's, Work, Social Participation, or Leisure.

Time:

The elderly inmates, as identified in the literature review, may take more time to walk down corridors or complete activities. When considering this an implementing OT may consider extending the time allotted for the elderly prisoners to get to and from activities/programming. In addition to this, more time may be allotted for the completion of the activities/programming. The activities/programming where time may be a factor are work, social participation, ADLs, and PADL's. For example, allow 15 minutes extra for an elderly inmate to complete their morning ADL routine, before expecting them to attend additional programming.



Intensity:

All elderly people, including elderly inmates, have declining physical health. This decline in physical health is natural but needs to be accounted for when designing programming to meet the needs of the elderly inmates. Following are examples of adapting the intensity:

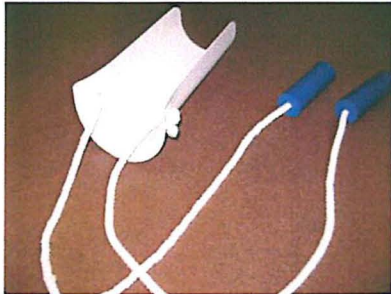
- **Leisure**
 - Provide numerous weights to allow inmates to choose difficulty during a weight lifting program
 - During a walking program, breaks should be allowed and the rate of walking should be left up to each individual person.
- **Work**
 - Work activities can be adapted to match the individual skills of each person.
 - Take multiple trips to carry multiple objects to lighten the load



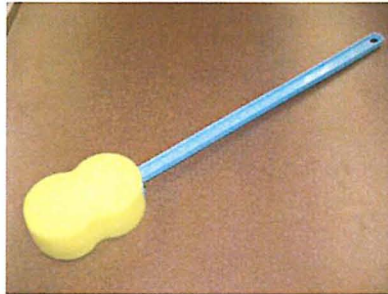
Task Modification:

Elderly inmates may have decreased skills and may not be able to perform their day to day tasks and activities without the aid of assistive devices.

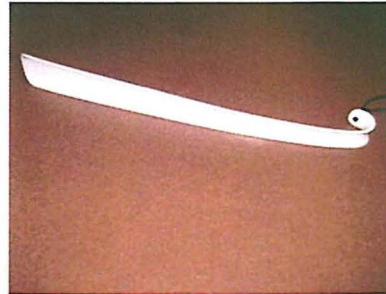
- **Work**
 - Allow inmate to sit versus stand to complete work activities
- **ADLs**
 - Allow inmates to use a shower bench/chair to complete showering activities.
 - Introduce assistive devices such as reachers, sock aids, button hooks, long handled devices, etc, to complete dressing tasks



Sock Aid



Long Handled Sponge



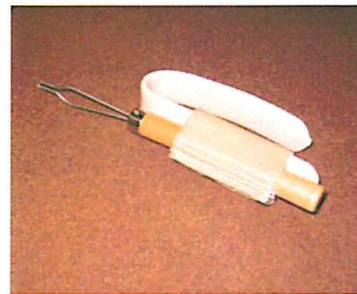
Long Handled Shoe Horn



Reacher



Dressing Stick



Button Hook with Cuff

- For eating, add weighted silverware, built up handles, or scoop plates/plate guards



Built-up Handle Silverware



Scoop Plate

Prevent

The aim of prevent is to change person, context, or task variables to decrease negative outcomes (Dunn, Brown, & Youngstrom, 2003). This program will provide education to inmates to prevent declining health due to exacerbation of illness.

Building a Healthier You



This session is an educational in-service conducted by the therapist for the elderly inmates. The goal of this in-service is to educate the elderly inmates about healthy lifestyle within the confines of the prison in order to prevent illness or exacerbation of symptoms. The therapist will present information regarding 1) the benefits of participating in healthy activities, such as exercises and support groups, 2) how to improve/maintain physical and psychosocial health, 3) activities offered that meet these criteria. The elderly inmates will receive a handout during the in-service for future reference. The time, session specifics, in-service outline, and handout for the inmates are described in the following sections.

Time:

The in-service will be held in a meeting room within the correctional facility. It should last approximately 30 minutes. The in-service should be held once every 3 months to allow new inmates to benefit from the information.

Specifics:

- The therapist should bring copies of the handout for each inmate present at the in-service.
- Correctional staff should be present during the scheduled times to implement structure and enforce safety for all inmates.
- Members can join the group at any time.
- Attendance in the sessions is voluntary; however, it is highly encouraged to attend.
- Optimal lighting should be available to allow for the elderly inmates to read the handout materials.

Building a Healthier You: In-service Outline

(For Therapist Use)

Introduction

This in-service will provide you with information about the benefits of physical activity, the benefits of support groups, and possibilities within the prison setting. Ask the inmates, “*Do any of you currently participate in physical activities or support group or have you in the past?*” Depending on inmates’ response, follow up with questions about what they feel the benefits are/were.

Benefits of Physical Activity

- Control your weight
- Reduce the risk of heart disease and stroke
 - Explain heart disease and why/how it affects a person. For example, heart disease includes high blood pressure, high cholesterol, blood clots, or other problems associated with the cardiovascular system. These problems may cause heart attacks, stroke, and even death.
- Reduce the risk of Diabetes
 - Explain Diabetes and how it affects a person. For example, Diabetes is when your body cannot break down sugar, your body’s source of fuel. This then causes your blood sugar to be too high. Diabetes can cause damage to your organs and limbs (if diabetes is uncontrolled, may result in tissue death of limbs resulting in amputation)
- Strengthen bones and muscles
- Improve mental health & mood
 - Can decrease risk of depression or depressive symptoms; can improve sleep; and keep thinking, learning, and judgment skills sharp.
- Improve ability to do day-to-day activities
 - Due to increases strength and balance
- Prevent falls

Benefits of Support Groups

Support groups are groups of people with similar situations. The purpose of these groups is to allow people time to share their experiences, support each other through difficult times, and to allow a time to socialize with others. Specific benefits include:

- Improve mood
- Decrease feelings of loneliness and grief
- Release emotions
- Share personal experiences and offer advise
- Make connections with others
- Improve coping skills
 - Using positive coping skills versus negative coping skills. Examples of positive coping include: writing, talking, exercise, etc.
- Get motivated
- Find hope

Activities Offered

- *Walking for Wellness*
 - A walking program offered twice a day at _____ and _____
- *Peer Support Group*
 - Informal group led by fellow inmates offered at _____ on these days

- *Building Strength & Balance*
 - Weight-lifting exercise program offered daily at _____

Therapist is to fill in the specifics about each of the activities offered and make copies for the inmates. This outline is meant to serve as a guide. Therapist is encouraged to add her own experiences, explanations, and examples as needed to the above outline.

Information for the in-service was gathered and modified from: Mayo Clinic (2009) and
Center for Disease Control (2008)

Building a Healthier You

(Inmate Handout)

Benefits of Physical Activity

- Control your weight
- Reduce the risk of heart disease
- Reduce the risk of Diabetes
- Strengthen bones and muscles
- Improve mental health & mood
- Improve ability to do day-to-day activities
- Prevent falls

Benefits of Support Groups

- Improve mood
- Decrease feelings of loneliness and grief
- Release emotions
- Share personal experiences and offer advise
- Make connections with others
- Improve coping skills
- Get motivated
- Find hope

Activities Offered

- *Walking for Wellness*
 - A walking program offered twice a day at _____ and _____
- *Peer Support Group*
 - Informal group led by fellow inmates offered at _____ on these days _____
- *Building Strength & Balance*
 - Weight-lifting exercise program offered daily at _____

Information for the in-service was gathered and modified from: Mayo Clinic (2009) and
Center for Disease Control (2008)

Creating Meaning through Activity



This goal of this group will be to help prevent declining mental health in elderly inmates such as depression, sense of worthlessness, etc. This group will be part of both preventing a decline in spirituality (purpose of life) and leisure participation (activities during free time). The group will be structured around completing leisurely craft activities or building items that can be donated to organizations in need. This will prevent the elderly inmates from feeling a decline in their sense of worth, knowing that they are helping organizations in need, as well as prevent boredom and feelings of depression.

Time:

The group will be held during the off hour of the day; the time when the inmates are bored and do not have anything scheduled for their time. This could be numerous times a day, or once for a few hours.

Specifics:

- The inmates could work on crafts of their choosing:
 - Sewing blankets
 - Building/assembling jewelry boxes
 - Painting pictures
 - Pottery
 - Leather-Work
 - Woodworking
- The inmate could be given a list of organization in need of items, from that list they could determine what they will make and which organization they will be donating items to.
 - For example – sewing baby blankets to be donated to neonatal intensive care units in hospitals.
- Talking during the activity sessions with each other and the OT will help the inmates process the reason for their completion of the activities and their thoughts/feelings about it. Talking will also promote social participation between group members.
- Monitor all supplies and count sharp objects before and after the group to ensure safety.

Supplies:

The supplies needed for the inmates to complete the leisure craft activities could be provided for through a grant. Supplies could also be donated to the prison from local organizations. The implementing OT could write letters to local organization to determine if any are interested in donating supplies. In the letter the OT should mention the goal for the leisure craft activities; to be donated to children in need. The implementing OTs could also write grant letters to different organizations asking for money or supplies for the project.

Prevent

Intervention Ideas in the Areas of Occupation

Leisure

- Participation in meaningful activities and health promoting behaviors prevents physical and mental health decline.
- Assist inmates in identifying meaningful activities to participate in while incarcerated.

Spirituality

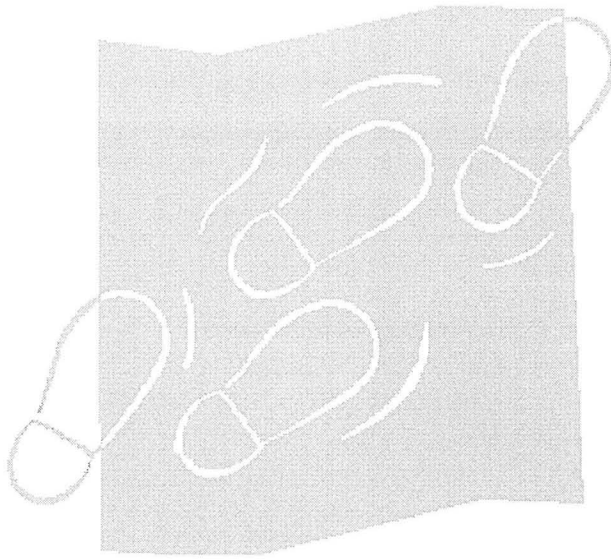
- Create spirituality-based programming that allows inmates to discuss and participate in spirituality.
 - Programming can include support groups (purpose in life), formal religious groups (bible studies), or general spirituality groups (a belief in a higher power).
 - Groups can be led by fellow inmates or members from the community.
- Participation in spirituality-based programming has been shown to be effective in the literature in providing a method of positive coping to deal with depression and feelings of loneliness.

** The suggestions listed above are meant to serve as ideas for interventions within each area of occupation. The OT implementing this program can add to this list to fit the needs of the individual inmates. **

Create

The aim of create is on maximizing the persons' performance range by creating supportive conditions (Dunn, Brown, & Youngstrom, 2003). This protocol is designed to compliment and enhance the skills and abilities of the elderly inmates and create an environment that is more supportive, efficient and cost effective. The activities to follow meet the goals of create.

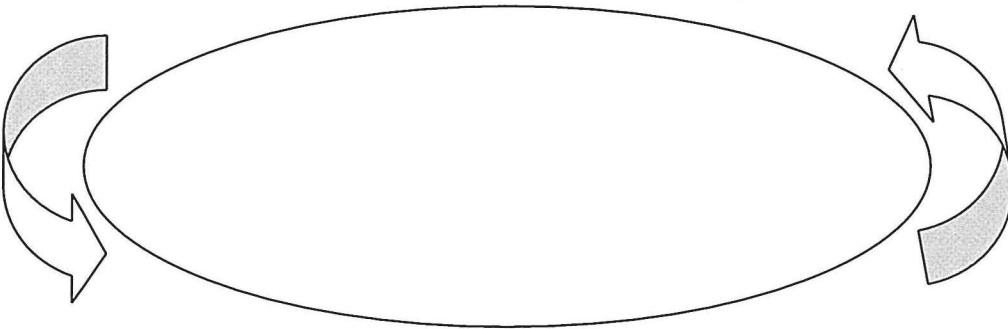
Walking for Wellness: *One Step at a Time*



The goal of this program is to implement a walking course within the prison system, in order to provide an opportunity for physical fitness to the elderly inmates behind bars. A walking course will be outlined with a specific route around the prison environment. The elderly inmates will be encouraged to participate in the walking program. They will be informed of the guidelines of the program including the route, the times of use, specifics.

The Route:

A designated route within the prison should be outlined; outside or inside, weather permitting. The route should have adequate space for handicap inmates and should be a smooth surface to prevent falls.



Time:

The walking program should be offered to the elderly inmates twice daily; am and pm. This will help to ensure participation, even if only once a day. The inmates should have an hour for their walk and be given the first fifteen minutes to get to the location and fifteen minutes to get back to their living quarters. For handicap inmates, they are free to use cane, walker, or wheelchair while walking (wheeling) the planned route.

Specifics:

- Water should be provided during the walking program, to prevent dehydration and encourage wellness.
- Bathroom facilities should be located close to the walking route, to support elderly inmate participation.
- Correctional staff should be present during the scheduled times to implement structure and enforce safety for all inmates.
- Members can join the group at any time.
- Attendance in the sessions is voluntary; however, it is highly encouraged to attend at least once a day.

Staff Workshops or Training



The goal of the staff workshops/training would be to educate the correctional staff employees about the special needs of the elderly inmates. The workshops/training would provide information as well as possibilities for the staff to better meet the needs of the elderly inmates.

Possible Topics:

- Physical health deficits of elderly inmates
- Mental health deficits of elderly inmates
- Prison environmental factors that influence the health status of elderly inmates
- Possible environmental modifications to assist elderly inmates
- Possible task modifications to assist the elderly inmates
- Training on implementing programs for the elderly (i.e. *Walking for Wellness, Building Strength & Endurance*)

The topics for the workshops/training will vary depending on the type of staff and what the implementing OT, along with the correctional staff, feel is important.

Time:

The workshops/training should be held during working hours to ensure employee participation. Or the workshops/training could be held outside of regular working hours, with an incentive package for the staff, such as pay.

The Presentation:

During the presentation, at the workshops/training, the staff should have the opportunity to be engaged in discussion about the topic. Since they work with the inmates on a daily basis, they may bring insight, unknown to the implementing OT, about the elderly inmate population. They should also be able to help add to suggestions for modifications/alterations. By creating a program for the staff that they feel they are a part of, they are more likely to work to follow the changes presented/established during the workshops/training.

Elderly Inmate Education



The goal of the elderly inmate education sessions is to inform the elderly inmates of their decreasing physical and mental health or to provide education on health promoting activities. The information will be presented in such a way that the inmates feel their diminishing health is “normal” and inspire them to want to work to maintain their health.

Possible Topics:

- Physical and mental health deficits of elderly inmates
- Prison environmental factors that influence the health status of elderly inmates
- Possibilities for the inmates to take control of their own health
- Positive coping strategies
- Information about the programs available to the inmates
- Benefits of practicing health promoting activities while incarcerated
- Sleep and rest – especially sleep preparation
- Leisure exploration and participation
- Financial management
- Reintegration into the community

The possibility of topics varies and can be decided by the implementing OT. The implementing OTs can complete needs assessment surveys to help them determine the topics of interest to the elderly inmates.

Time:

The time of the educational sessions should be decided after reviewing the inmates scheduled activities. The sessions should be held at a time when the inmates have time in their schedule to help improve participation levels.

The Presentation:

The presentation should be beneficial to the inmates. The information should help inspire the inmates to take control of their diminishing physical and mental health. The information should help them make wise decisions in their day to day tasks within prison life. Possible suggestions for improved health should be presented to the inmates, as well as programming options available to them. Handouts could be made as a tangible reminder of the information discussed for future reference.

** Listed on the following page is an example handout and topic for an educational session for the elderly inmates. **

Creating a Healthier You!

"Seize Your Opportunities"

Attend scheduled programming offered in the prison.

Get adequate sleep – it supports brain function.

Exercise at least once daily.

Eat a healthy diet.

Join a support group if one is offered.

Care for yourself.

Stay Active.

Utilize the prison medical services.

(Examples include doctors, nurses, psychologist, psychiatrists, etc.)

** The implementing OT can add to the list as they wish or feel is needed. The purpose for the handout is to help inform the inmates of ways in which they can keep themselves healthy. This handout may bring to light some ideas or possible activity/programming options that they did not know was available to them. **

Resources



** The resources listed below are resources for the implementing therapist to use to assist them in the evaluation and intervention phase of the protocol. **

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Harrison, M. (2006). True grit: An innovative program for elderly inmates. *Corrections Today*, December Issue, 46-49.

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